



## LEGISLATIVE COMMITTEE MEETING

### AGENDA

Hilton Los Angeles Airport Hotel  
5711 West Century Boulevard  
Los Angeles, California 90045

**May 8, 2013**

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**Wednesday, May 8, 2013: 3:00 p.m. to 4:00 p.m.**

**8.0 Review and Approve Minutes**

- January 9, 2013
- March 6, 2013

**8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session**

**Assembly Bills**

**Senate Bills**

AB 154  
AB 186  
AB 213  
AB 259  
AB 291  
AB 361  
AB 512  
AB 633  
AB 697  
AB 705  
AB 790  
AB 859  
AB 1017  
AB 1057

SB 271  
SB 352  
SB 430  
SB 440  
SB 491  
SB 532  
SB 718  
SB 723  
SB 809

**8.2 Public Comment for Items Not on the Agenda**

**8.3 Closed Session**

**Disciplinary Matters**

The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

**NOTICE:**

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited. The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email [webmasterbrn@dca.ca.gov](mailto:webmasterbrn@dca.ca.gov), or send a written request to the Board of Registered Nursing at 1747 N. Market Blvd., Ste. 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.





**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
MEETING MINUTES**

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**DATE:** January 9, 2013

**TIME:** 2:00 p.m. - 3:00 p.m.

**LOCATION:** Ayres Hotel  
325 Bristol Street  
Costa Mesa, California 92626

**MEMBERS PRESENT:** Erin Niemela, Chair  
Cindy Klein  
Trande Phillips

**STAFF PRESENT:** Louise Bailey, Executive Officer  
Kay Weinkam, NEC, Staff Liaison

The Chair called the meeting to order at 2:05 p.m.

**7.0 Review and Approve Minutes**

The minutes of October 30, 2012, were approved.

**7.1 2013-2014 Goals and Objectives for the two-year Legislative Session**

The 2013-2014 Goals and Objectives were approved.

**7.2 Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session**

No bills were presented.

**7.3 Public Comment for Items Not on the Agenda**

There were no comments from the public.

The meeting adjourned at 2:10 p.m.

Submitted by: \_\_\_\_\_  
**Kay Weinkam, Nursing Education Consultant**

Approved by: \_\_\_\_\_  
**Erin Niemela, Chair**





**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
MEETING MINUTES**

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**DATE:** March 6, 2013

**TIME:** 3:00 p.m. - 4:00 p.m.

**LOCATION:** Four Points by Sheraton  
4900 Duckhorn Drive  
Sacramento, California 95834

**MEMBERS PRESENT:** Cindy Klein  
Trande Phillips

**NOT PRESENT:** Erin Niemela, Chair

**STAFF PRESENT:** Louise Bailey, Executive Officer  
Kay Weinkam, NEC, Staff Liaison

The meeting was called to order at 3:00 p.m. by Ms. Phillips who chaired this meeting.

**7.0 Review and Approve Minutes**

Approval of the January 9, 2013, minutes will be deferred to the next meeting.

**7.1 Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session:**

<b>AB 154</b>	<b>Atkins: Healing arts: reproductive health care</b> Bill status: Introduced Board adopted a Watch position 2/6/13. No Committee action.
<b>AB 186</b>	<b>Maienschein: Professions and vocations: military spouses: temporary licenses</b> Bill status: Assembly Committee on Business, Professions and Consumer Protection No Committee action. One public comment.
<b>AB 213</b>	<b>Logue: Healing arts: licensure and certification requirements: military experience</b> Bill status: Assembly Committee on Business, Professions and Consumer Protection No Committee action. Two public comments.

- AB 291 Nestande: California Sunset Review Committee**  
Bill status: Introduced  
No Committee action. Two public comments.
- AB 361 Mitchell: Medi-Cal: health homes for Medi-Cal enrollees**  
Bill status: Assembly Committee on Health  
No Committee action.
- SB 271 Hernandez,E: Associate Degree Nursing Scholarship Program**  
Bill status: Senate Committee on Health  
No Committee action. One public comment.

**7.3 Public Comment for Items Not on the Agenda**

No comments.

The meeting adjourned at 3:25 p.m.

Submitted by: \_\_\_\_\_  
**Kay Weinkam, Nursing Education Consultant**

Approved by: \_\_\_\_\_  
**Trande Phillips, Acting Chair**





**BOARD OF REGISTERED NURSING**  
**Legislative Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 8.1

**DATE:** May 8, 2013

**ACTION REQUESTED:** Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

**REQUESTED BY:** Kay Weinkam, M.S., RN, CNS  
Nursing Education Consultant

**BACKGROUND:**

**Assembly Bills**

AB 154  
AB 186  
AB 213  
AB 259  
AB 291  
AB 361  
AB 512  
AB 633  
AB 697  
AB 705  
AB 790  
AB 859  
AB 1017  
AB 1057

**Senate Bills**

SB 271  
SB 352  
SB 430  
SB 440  
SB 491  
SB 532  
SB 718  
SB 723  
SB 809

**NEXT STEP:** Place on Board agenda

**FINANCIAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Kay Weinkam, NEC  
(916) 574-7600

**BOARD OF REGISTERED NURSING  
ASSEMBLY BILLS 2013-2014  
May 8, 2013**

<b>BILL #</b>	<b>AUTHOR</b>	<b>SUBJECT</b>	<b>COMM POSITION</b>	<b>BOARD POSITION</b>	<b>BILL STATUS</b>
AB 154	Atkins	Abortion		Support (4/10)	APPR
<b>AB 186</b>	<b>Maienschein</b>	<b>Professions and vocations: military spouses: temporary licenses</b>		<b>Oppose (4/10)</b>	<b>BP&amp;CP</b>
<b>AB 213</b>	<b>Logue</b>	<b>Healing arts: licensure and certification requirements: military experience</b>		<b>Oppose (4/10)</b>	<b>VA</b>
<b>AB 259</b>	<b>Logue</b>	<b>Nursing: CPR in emergency situations</b>		<b>Watch (4/10)</b>	<b>APPR</b>
AB 291	Nestande	California Sunset Review Committee		Watch (4/10)	A&AR
AB 361	Mitchell	Medi-Cal: health homes for Medi-Cal enrollees		Support (4/10)	APPR
<b>AB 512</b>	<b>Rendon</b>	<b>Healing arts: licensure exemption</b>		<b>Oppose (4/10)</b>	<b>Assembly</b>
AB 555	Salas	Professions and vocations: military and veterans		Oppose unless amended (4/10)	n/a
<b>AB 633</b>	<b>Salas</b>	<b>Emergency Medical Services: Civil Liability</b>			<b>Assembly Judiciary</b>
AB 697	Gomez	Nursing education: service in state veterans' homes		Support (4/10)	Health
<b>AB 790</b>	<b>Gomez</b>	<b>Child Abuse Reporting</b>		<b>Support (4/10)</b>	<b>Assembly</b>
AB 859	Gomez	Professions and vocations: military medical personnel		Watch (4/10)	Introduced

**Bold** denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

**BOARD OF REGISTERED NURSING  
SENATE BILLS 2013-2014  
May 8, 10, 2013**

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
<b>AB 1017</b>	<b>Gomez</b>	<b>Incoming telephone calls: messages</b>		<b>Watch (4/10)</b>	<b>BP&amp;CP</b>
<b>AB 1057</b>	<b>Medina</b>	<b>Professions and vocations: licenses: military service</b>		<b>Support if Amended (4/10)</b>	<b>Assembly Consent Calendar</b>
<b>SB 430</b>	<b>Wright</b>	<b>Pupil health: vision appraisal: binocular function</b>		<b>Watch (4/10)</b>	<b>Health</b>
SB 440	Padilla	Public postsecondary education: Student Transfer Achievement Reform Act		Watch (4/10)	Education
<b>SB 491</b>	<b>Hernandez</b>	<b>Nurse Practitioners</b>			<b>BP&amp;ED</b>
SB 532	De León	Professions and vocations: military spouses: temporary licenses		Watch (4/10)	Rules
<b>SB 718</b>	<b>Yee</b>	<b>Hospitals: workplace violence prevention plans</b>		<b>Support (4/10)</b>	<b>L&amp;IR</b>
<b>SB 723</b>	<b>Correa</b>	<b>Veterans</b>		<b>Watch (4/10)</b>	<b>BP&amp;ED</b>
SB 809	DeSaulnier	Controlled substances: reporting		Watch (4/10)	Gov & Finance

**Bold** denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Atkins	<b>BILL NUMBER:</b>	AB 154
<b>SPONSOR:</b>	California Women's Health Alliance: ACCESS Women's Health Justice American Civil Liberties Union of California Black Women for Wellness California Latinas for Reproductive Justice NARAL Pro-Choice California Planned Parenthood Affiliates of California	<b>BILL STATUS:</b>	Committee on Appropriations
<b>SUBJECT:</b>	Abortion	<b>DATE LAST AMENDED:</b>	3/19/13

**SUMMARY:**

Existing law makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion.

Existing law also makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California.

Existing law authorizes the Office of Statewide Health Planning and Development to designate experimental health workforce projects as approved projects that, among other things, teach new skills to existing categories of health care personnel. The office has designated a pilot project, known as the Access through Primary Care Project, relating to the provision of health care services involving pregnancy.

**ANALYSIS:**

This bill would state that it is the intent of the Legislature to enact legislation that would expand access to reproductive health care in California by allowing qualified health care professionals to perform early abortions.

**As Amended 3/19/13:**

The subject of the bill has been changed from *Healing arts: reproductive health care* to *Abortion*.

This bill would instead make it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques.

The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques.

The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

**BOARD POSITION:** Support (4/10/13)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:****SUPPORT:**

ACCESS Women's Health Justice (cosponsor)  
American Civil Liberties Union of California (cosponsor)  
Black Women for Wellness (cosponsor)  
California Latinas for Reproductive Justice (cosponsor)  
NARAL Pro-Choice California (cosponsor)  
Planned Parenthood Affiliates of California (cosponsor)  
ACT for Women and Girls  
American Association of University Women  
American College of Nurse-Midwives  
American Nurses Association of California  
Bay Area Communities for Health Education  
Business and Professional Women of Nevada County  
California Academy of Physician Assistants  
California Association for Nurse Practitioners  
California Church IMPACT  
California Family Health Council  
California Nurse-Midwives Association  
California Women's Health Alliance  
California Women's Law Center  
Cardea Institute  
Center on Reproductive Rights and Justice at UC Berkeley  
Choice USA  
Choice USA at California State University Long Beach  
Choice USA at California State University Sacramento

Choice USA at Mills College  
Choice USA at San Jose State  
Choice USA at Scripps College  
Forward Together  
Fresno Barrios Unidos  
Khmer Girls in Action  
Law Students for Reproductive Justice  
League of Women Voters of California  
National Asian Pacific American Women's Forum  
National Association for Youth Law  
National Association of Social Workers, California Chapter  
National Center for Lesbian Rights  
National Center for Youth Law  
National Council of Jewish Women California State Policy  
Advocates  
National Health Law Program  
National Latina Institute for Reproductive Health  
National Network of Abortion Funds  
Nevada County Citizens for Choice  
Nursing Students for Choice at UCSF  
Physicians for Reproductive Health  
Planned Parenthood Mar Monte  
Planned Parenthood of the Pacific Southwest  
Reproductive Justice Coalition  
Reproductive Justice Coalition of Los Angeles  
Students for Reproductive Justice at Stanford University  
Women's Community Clinic  
Women's Health Specialists of California

**OPPOSE:**

California Catholic Conference  
California Nurses for Ethical Standards  
California Right to Life Committee  
Capitol Resource Center  
Coalition for Women and Children  
Concerned Citizens of California  
Concerned Women for America  
Life Legal Defense Foundation  
Pregnancy Counseling Center  
Pro-Life Mission: International  
Several individuals

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## ASSEMBLY BILL

**No. 154**

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**Introduced by Assembly Member Atkins**

January 22, 2013

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~~An act relating to reproductive health care.~~ *An act to amend Section 2253 of, and to add Sections 734, 2725.4, and 3502.4 to, the Business and Professions Code, and to amend Section 123468 of the Health and Safety Code, relating to healing arts.*

### LEGISLATIVE COUNSEL'S DIGEST

AB 154, as amended, Atkins. ~~Healing arts; reproductive health care.~~ *Abortion.*

Existing law makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion. Existing law also makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.



Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California.

~~Existing law authorizes the Office of Statewide Health Planning and Development to designate experimental health workforce projects as approved projects that, among other things, teach new skills to existing categories of health care personnel. The office has designated a pilot project, known as the Access through Primary Care Project, relating to the provision of health care services involving pregnancy.~~

~~This bill would state that it is the intent of the Legislature to enact legislation that would expand access to reproductive health care in California by allowing qualified health care professionals to perform early abortions.~~

*This bill would instead make it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques. The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.*

*Because the bill would change the definition of crimes, the bill would impose a state-mandated local program.*

*The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that no reimbursement is required by this act for a specified reason.*

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.  
State-mandated local program: ~~no~~-yes.

*The people of the State of California do enact as follows:*

1     *SECTION 1. Section 734 is added to the Business and*  
2     *Professions Code, to read:*

3     734. *It is unprofessional conduct for any nurse practitioner,*  
4     *certified nurse midwife, or physician assistant to perform an*  
5     *abortion pursuant to Section 2253, without prior completion of*  
6     *training and validation of clinical competency.*

7     *SEC. 2. Section 2253 of the Business and Professions Code is*  
8     *amended to read:*

9     2253. (a) Failure to comply with the Reproductive Privacy  
10    Act (Article 2.5 (commencing with Section 123460) of Chapter 2  
11    of Part 2 of Division 106 of the Health and Safety Code)—~~in~~  
12    ~~performing, assisting, procuring or aiding, abetting, attempting,~~  
13    ~~agreeing, or offering to procure an illegal abortion~~ constitutes  
14    unprofessional conduct.

15    (b) (1) ~~A~~ *Except as provided in paragraph (2), a person is*  
16    ~~subject to Sections~~ *Section 2052 and 2053 if he or she performs*  
17    ~~or assists in performing a surgical~~ *an abortion, and at the time of*  
18    ~~so doing, does not have a valid, unrevoked, and unsuspended~~  
19    ~~license to practice as a physician and surgeon as provided in this~~  
20    ~~chapter, or if he or she assists in performing a surgical abortion~~  
21    ~~and does not have a valid, unrevoked, and unsuspended license or~~  
22    ~~certificate obtained in accordance with some other provision of~~  
23    ~~law that authorizes him or her to perform the functions necessary~~  
24    ~~to assist in performing a surgical abortion.~~

25    (2) ~~A person is~~ *shall not be* ~~subject to Sections~~ *Section 2052*  
26    ~~and 2053 if he or she performs or assists in performing a~~  
27    ~~nonsurgical abortion, an abortion by medication or aspiration~~  
28    ~~techniques in the first trimester of pregnancy, and at the time of~~  
29    ~~so doing, does not have a valid, unrevoked, and unsuspended~~  
30    ~~license to practice as a physician and surgeon as provided in this~~  
31    ~~chapter, or does not have~~ *has* ~~a valid, unrevoked, and unsuspended~~  
32    ~~license or certificate obtained in accordance with some other~~  
33    ~~provision of law, including, but not limited to, the Nursing Practice~~

1 Act (Chapter 6 (commencing with Section 2700)) or the Physician  
2 Assistant Practice Act (Chapter 7.7 (commencing with Section  
3 3500)), that authorizes him or her to perform or assist in performing  
4 the functions necessary for a nonsurgical abortion: an abortion by  
5 medication or aspiration techniques.

6 ~~(e) For purposes of this section, “nonsurgical abortion” includes~~  
7 ~~termination of the use of pharmacological agents.~~

8 (c) In order to perform an abortion by aspiration techniques  
9 pursuant to paragraph (2) of subdivision (b), a person shall comply  
10 with Section 2725.4 or 3502.4.

11 SEC. 3. Section 2725.4 is added to the Business and Professions  
12 Code, to read:

13 2725.4. (a) In order to perform an abortion by aspiration  
14 techniques, a person with a license or certificate to practice as a  
15 nurse practitioner or a certified nurse-midwife shall complete  
16 training recognized by the Board of Registered Nursing. Beginning  
17 January 1, 2014, and until January 1, 2016, the competency-based  
18 training protocols established by Health Workforce Pilot Project  
19 (HWPP) No. 171 through the Office of Statewide Health Planning  
20 and Development shall be used.

21 (b) A nurse practitioner or certified nurse-midwife who has  
22 completed training and achieved clinical competency through  
23 HWPP No. 171 shall be authorized to perform abortions by  
24 aspiration techniques.

25 SEC. 4. Section 3502.4 is added to the Business and Professions  
26 Code, to read:

27 3502.4. (a) In order to receive authority from his or her  
28 supervising physician and surgeon to perform an abortion by  
29 aspiration techniques, a physician assistant shall complete training  
30 either through training programs approved by the Physician  
31 Assistant Board pursuant to Section 3513 or by training to perform  
32 medical services which augment his or her current areas of  
33 competency pursuant to Section 1399.543 of Title 16 of the  
34 California Code of Regulations. Beginning January 1, 2014, and  
35 until January 1, 2016, the training and clinical competency  
36 protocols established by Health Workforce Pilot Project (HWPP)  
37 No. 171 through the Office of Statewide Health Planning and  
38 Development shall be used as training and clinical competency  
39 guidelines to meet this requirement.

1     ***(b) The training protocols established by HWPP No. 171 shall***  
2     ***be deemed to meet the standards of the Physician Assistant Board.***  
3     ***A physician assistant who has completed training and achieved***  
4     ***clinical competency through HWPP No. 171 shall be authorized***  
5     ***to perform abortions by aspiration techniques.***

6     ***SEC. 5. Section 123468 of the Health and Safety Code is***  
7     ***amended to read:***

8     123468. The performance of an abortion is unauthorized if  
9     either of the following is true:

10    (a) ~~The person performing or assisting in performing the~~  
11    ~~abortion is not a health care provider authorized to perform or~~  
12    ~~assist in performing an abortion pursuant to Section 2253 of the~~  
13    ~~Business and Professions Code.~~

14    (b) The abortion is performed on a viable fetus, and both of the  
15    following are established:

16    (1) In the good faith medical judgment of the physician, the  
17    fetus was viable.

18    (2) In the good faith medical judgment of the physician,  
19    continuation of the pregnancy posed no risk to life or health of the  
20    pregnant woman.

21    ***SEC. 6. No reimbursement is required by this act pursuant to***  
22    ***Section 6 of Article XIII B of the California Constitution because***  
23    ***the only costs that may be incurred by a local agency or school***  
24    ***district will be incurred because this act creates a new crime or***  
25    ***infraction, eliminates a crime or infraction, or changes the penalty***  
26    ***for a crime or infraction, within the meaning of Section 17556 of***  
27    ***the Government Code, or changes the definition of a crime within***  
28    ***the meaning of Section 6 of Article XIII B of the California***  
29    ***Constitution.***

30    ~~**SECTION 1. It is the intent of the Legislature to enact**~~  
31    ~~**legislation that would expand access to reproductive health care**~~  
32    ~~**in California by allowing qualified health care professionals to**~~  
33    ~~**perform early abortions, provided that the functions are within the**~~  
34    ~~**scope of their licenses.**~~



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Maienschein	<b>BILL NUMBER:</b>	AB 186
<b>SPONSOR:</b>	Maienschein	<b>BILL STATUS:</b>	Committee on Business, Professions and Consumer Protection
<b>SUBJECT:</b>	Professions and vocations: military spouses: temporary licenses	<b>DATE LAST AMENDED:</b>	4/22/13

**SUMMARY:**

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

**ANALYSIS:**

This bill would authorize a board within the department to issue a provisional license to an applicant who qualifies for an expedited license pursuant to the above-described provision. The bill would require the provisional license to expire after 18 months.

**AMENDED ANALYSIS of 4/1:**

The bill would prohibit a provisional license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed, or has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require the board to approve a provisional license based on an application that includes an affidavit that the information submitted in the application is accurate and that verification documentation from the other jurisdiction has been requested. The bill would require the provisional license to expire after 18 months or at the issuance of the expedited license.

**AMENDED ANALYSIS as of 4/22:**

This bill would require a board within the department to issue a temporary license to an applicant who qualifies for, and requests, expedited licensure pursuant to the above-described provision if he or she meets specified requirements. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license, and would authorize a criminal background check as part of that investigation. The bill would require an applicant seeking a temporary license to submit an application to the board that includes a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, as specified. The bill would also require the application to include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing.

This bill would prohibit a provisional temporary license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed, or committed. The bill would provide that a violation of the above-described provision may be grounds for the denial or revocation of a temporary license. The bill would further prohibit a temporary license from being provided to any applicant who has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting a criminal background check.

**BOARD POSITION:** Oppose (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

**OPPOSE:**

AMENDED IN ASSEMBLY APRIL 22, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## ASSEMBLY BILL

**No. 186**

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**Introduced by Assembly Member Maienschein**  
**(Principal coauthor: Assembly Member Hagman)**  
**(Coauthors: Assembly Members *Chávez*, *Dahle*, *Donnelly*, *Beth***  
***Gaines*, *Grove*, *Harkey*, *Olsen*, and *Patterson*)**  
**(Coauthors: Senators Fuller and Huff)**

January 28, 2013

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An act to amend Section 115.5 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

### LEGISLATIVE COUNSEL'S DIGEST

AB 186, as amended, Maienschein. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. *Existing law requires that the licensing fees imposed by certain boards within the department be deposited in funds that are continuously appropriated.* Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic



partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

~~This bill would authorize a board within the department to issue a provisional license to an applicant who qualifies for an expedited license pursuant to the above-described provision. The~~

*This bill would require a board within the department to issue a temporary license to an applicant who qualifies for, and requests, expedited licensure pursuant to the above-described provision if he or she meets specified requirements. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license, and would authorize a criminal background check as part of that investigation. The bill would require an applicant seeking a temporary license to submit an application to the board that includes a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, as specified. The bill would also require the application to include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing.*

*This bill would prohibit a ~~provisional~~ temporary license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was ~~committed, or committed~~. The bill would provide that a violation of the above-described provision may be grounds for the denial or revocation of a temporary license. The bill would further prohibit a temporary license from being provided to any applicant who has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. ~~The bill would require the board to approve a provisional license based on an application that includes an affidavit that the information submitted in the application is accurate and that verification documentation from the other jurisdiction has been requested. The bill would require the provisional license to expire after 18 months or at the issuance of the expedited license. The bill would~~*

*require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting a criminal background check.*

~~By creating provisional licenses for which a fee may be collected and deposited into a continuously appropriated fund, this bill would make an appropriation.~~

*Because the bill would authorize the expenditure of continuously appropriated funds for a new purpose, the bill would make an appropriation.*

Vote: majority. Appropriation: yes. Fiscal committee: yes.

State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 115.5 of the Business and Professions  
2 Code is amended to read:

3 115.5. (a) A board within the department shall expedite the  
4 licensure process for an applicant who meets both of the following  
5 requirements:

6 (1) Supplies evidence satisfactory to the board that the applicant  
7 is married to, or in a domestic partnership or other legal union  
8 with, an active duty member of the Armed Forces of the United  
9 States who is assigned to a duty station in this state under official  
10 active duty military orders.

11 (2) Holds a current license in another state, district, or territory  
12 of the United States in the profession or vocation for which he or  
13 she seeks a license from the board.

14 ~~(b) (1) For each applicant who is eligible for an expedited~~  
15 ~~license pursuant to subdivision (a) and meets the requirements in~~  
16 ~~paragraph (2), the board shall provide a provisional license while~~  
17 ~~the board processes the application for licensure. The board shall~~  
18 ~~approve a provisional license based on an application that includes~~  
19 ~~an affidavit that the information submitted in the application is~~  
20 ~~accurate and that verification documentation from the other~~  
21 ~~jurisdiction has been requested. The provisional license shall expire~~  
22 ~~18 months after issuance or upon issuance of the expedited license.~~

23 *(b) (1) A board shall, after appropriate investigation, issue a*  
24 *temporary license to an applicant who is eligible for, and requests,*  
25 *expedited licensure pursuant to subdivision (a) if the applicant*  
26 *meets the requirements described in paragraph (3). The temporary*  
27 *license shall expire 12 months after issuance, upon issuance of*

1 *the expedited license, or upon denial of the application for*  
2 *expedited licensure by the board, whichever occurs first.*

3 *(2) The board may conduct an investigation of an applicant for*  
4 *purposes of denying or revoking a temporary license issued*  
5 *pursuant to this subdivision. This investigation may include a*  
6 *criminal background check.*

7 *(3) (A) An applicant seeking a temporary license issued*  
8 *pursuant to this subdivision shall submit an application to the*  
9 *board which shall include a signed affidavit attesting to the fact*  
10 *that he or she meets all of the requirements for the temporary*  
11 *license and that the information submitted in the application is*  
12 *accurate, to the best of his or her knowledge. The application shall*  
13 *also include written verification from the applicant's original*  
14 *licensing jurisdiction stating that the applicant's license is in good*  
15 *standing in that jurisdiction.*

16 ~~*(2) (A)–*~~

17 *(B) The applicant shall not have committed an act in any*  
18 *jurisdiction that would have constituted grounds for denial,*  
19 *suspension, or revocation of the license under this code at the time*  
20 *the act was committed. A violation of this subparagraph may be*  
21 *grounds for the denial or revocation of a temporary license issued*  
22 *by the board.*

23 ~~*(B)*~~

24 *(C) The applicant shall not have been disciplined by a licensing*  
25 *entity in another jurisdiction and shall not be the subject of an*  
26 *unresolved complaint, review procedure, or disciplinary proceeding*  
27 *conducted by a licensing entity in another jurisdiction.*

28 *(D) The applicant shall, upon request by a board, furnish a full*  
29 *set of fingerprints for purposes of conducting a criminal*  
30 *background check.*

31 *(c) A board may adopt regulations necessary to administer this*  
32 *section.*



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Logue	<b>BILL NUMBER:</b>	AB 213
<b>SPONSOR:</b>	Logue	<b>BILL STATUS:</b>	Assembly Veterans Affairs
<b>SUBJECT:</b>	Healing arts: licensure and certification requirements: military experience	<b>DATE LAST AMENDED:</b>	4/15/13

**SUMMARY:**

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Under existing law, specified other healing arts professions are licensed or certified and regulated by the State Department of Public Health. In some instances, a board with the Department of Consumer Affairs or the State Department of Public Health approves schools offering educational course credit for meeting licensing or certification qualifications and requirements.

Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans. Under existing law, the Chancellor of the California State University and the Chancellor of the California Community Colleges have specified powers and duties relating to statewide health education programs.

**ANALYSIS:**

This bill would require a healing arts board within the Department of Consumer Affairs and the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate if that education, training, or experience is equivalent to the standards of the board or department. If a board or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than July 1, 2014, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

With respect to complying with the bill's requirements and obtaining specified funds to support compliance with these provisions, this bill would require the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges to provide technical assistance to the healing arts boards within the Department of Consumer Affairs, the State Department of Public Health, and to the schools offering, or seeking to offer, educational course credit for meeting licensing qualifications and requirements.

**Amended analysis as of 4/1/13:**

This bill would require a healing arts board within the Department of Consumer Affairs and the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate *for specified professions and vocations* if that education, training, or experience is equivalent to the standards of the board or department. If a board *within the Department of Consumer Affairs* or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than July 1, 2014, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

**Amended analysis as of 4/15/18:**

The bill would, not later than ~~July 1, 2014~~, *January 1, 2015*, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

**Amended analysis as of 4/18/13:**

This bill adds two provisions to state that "nothing in this section shall interfere with the educational, certification, or licensing requirement or standard set by a licensing entity or certification board or other healing arts regulatory agency or entity, to practice health care in the state."

**BOARD POSITION:** Oppose (4/10/13)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

American Legion-Department of California  
AMVETS - Department of California  
Association of California Healthcare Districts  
California Association of County Veterans Service Officers  
California Association for Health Services at Home  
California State Commanders Veterans Council  
Office of the Deputy Assistant Secretary of Defense, Military  
Community and Family Policy  
VFW Department of California  
Vietnam Veterans of America - California State Council

**OPPOSE:**

California Society of Radiologic Technologists

AMENDED IN ASSEMBLY APRIL 18, 2013

AMENDED IN ASSEMBLY APRIL 15, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## **ASSEMBLY BILL**

**No. 213**

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**Introduced by Assembly Member Logue  
(Principal coauthor: Assembly Member Pan)  
(Coauthors: Assembly Members Conway, Beth Gaines, Harkey,  
Jones, Morrell, Nestande, and Wilk)**

January 31, 2013

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An act to add Section 712 to the Business and Professions Code, and to add Section 131136 to the Health and Safety Code, relating to healing arts.

### LEGISLATIVE COUNSEL'S DIGEST

AB 213, as amended, Logue. Healing arts: licensure and certification requirements: military experience.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Under existing law, specified other healing arts professions and vocations are licensed or certified and regulated by the State Department of Public Health. In some instances, a board with the Department of Consumer Affairs or the State Department of Public

Health approves schools offering educational course credit for meeting licensing or certification qualifications and requirements.

This bill would require the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate for specified professions and vocations if that education, training, or experience is equivalent to the standards of the department. If a board within the Department of Consumer Affairs or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than January 1, 2015, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans. Under existing law, the Chancellor of the California State University and the Chancellor of the California Community Colleges have specified powers and duties relating to statewide health education programs.

With respect to complying with the bill's requirements and obtaining specified funds to support compliance with these provisions, this bill would require the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges to provide technical assistance to the healing arts boards within the Department of Consumer Affairs, the State Department of Public Health, and to the schools offering, or seeking to offer, educational course credit for meeting licensing qualifications and requirements.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. This act shall be known, and may be cited, as the
- 2 Veterans Health Care Workforce Act of 2013.
- 3 SEC. 2. (a) The Legislature finds and declares all of the
- 4 following:



1 (1) Lack of health care providers continues to be a significant  
2 barrier to access to health care services in medically underserved  
3 urban and rural areas of California.

4 (2) Veterans of the United States Armed Forces and the  
5 California National Guard gain invaluable education, training, and  
6 practical experience through their military service.

7 (3) According to the federal Department of Defense, as of June  
8 2011, one million veterans were unemployed nationally and the  
9 jobless rate for post-9/11 veterans was 13.3 percent, with young  
10 male veterans 18 to 24 years of age experiencing an unemployment  
11 rate of 21.9 percent.

12 (4) According to the federal Department of Defense, during the  
13 2011 federal fiscal year, 8,854 enlisted service members with  
14 medical classifications separated from active duty.

15 (5) According to the federal Department of Defense, during the  
16 2011 federal fiscal year, 16,777 service members who separated  
17 from active duty listed California as their state of residence.

18 (6) It is critical, both to veterans seeking to transition to civilian  
19 health care professions and to patients living in underserved urban  
20 and rural areas of California, that the Legislature ensures that  
21 veteran applicants for licensure by healing arts boards within the  
22 Department of Consumer Affairs or the State Department of Public  
23 Health are expedited through the qualifications and requirements  
24 process.

25 (b) It is the intent of the Legislature to ensure that boards within  
26 the Department of Consumer Affairs and the State Department of  
27 Public Health and schools offering educational course credit for  
28 meeting licensing qualifications and requirements fully and  
29 expeditiously recognize and provide credit for an applicant's  
30 military education, training, and practical experience.

31 SEC. 3. Section 712 is added to the Business and Professions  
32 Code, to read:

33 712. (a) Not later than January 1, 2015, if a board under this  
34 division accredits or otherwise approves schools offering  
35 educational course credit for meeting licensing qualifications and  
36 requirements, the board shall require a school seeking accreditation  
37 or approval to submit to the board proof that the school has  
38 procedures in place to evaluate, upon presentation of satisfactory  
39 evidence by the applicant, the applicant's military education,  
40 training, and practical experience toward the completion of an

1 educational program that would qualify a person to apply for  
2 licensure if the school determines that the education, training, or  
3 practical experience is equivalent to the standards of the board. A  
4 board that requires a school to be accredited by a national  
5 organization shall not impose requirements on the school that  
6 conflict with the standards of the national organization.

7 (b) With respect to ~~complying~~ *compliance* with the requirements  
8 of this section, including the determination of equivalency between  
9 the education, training, or practical experience of an applicant and  
10 the board's standards, and obtaining state, federal, or private funds  
11 to support compliance with this section, the Department of Veterans  
12 Affairs, the Chancellor of the California State University, and the  
13 Chancellor of the California Community Colleges shall provide  
14 technical assistance to the boards under this division and to the  
15 schools under this section.

16 (c) *Nothing in this section shall interfere with an educational,*  
17 *certification, or licensing requirement or standard set by a*  
18 *licensing entity or certification board or other appropriate healing*  
19 *arts regulatory agency or entity, to practice health care in the*  
20 *state.*

21 SEC. 4. Section 131136 is added to the Health and Safety Code,  
22 to read:

23 131136. (a) Notwithstanding any other provision of law, the  
24 department shall, upon the presentation of satisfactory evidence  
25 by an applicant for licensure or certification in one of the  
26 professions described in subdivision (b), accept the education,  
27 training, and practical experience completed by the applicant as a  
28 member of the United States Armed Forces or Military Reserves  
29 of the United States, the national guard of any state, the military  
30 reserves of any state, or the naval militia of any state, toward the  
31 qualifications and requirements for licensure or certification by  
32 the department if the department determines that the education,  
33 training, or practical experience is equivalent to the standards of  
34 the department.

35 (b) The following professions are subject to this section:

36 (1) Medical laboratory technician as described in Section 1260.3  
37 of the Business and Professions Code.

38 (2) Clinical laboratory scientist as described in Section 1261 of  
39 the Business and Professions Code.

1 (3) Radiologic technologist as described in Chapter 6  
2 (commencing with Section 114840) of Part 9 of Division 104.

3 (4) Nuclear medicine technologist as described in Chapter 4  
4 (commencing with Section 107150) of Part 1 of Division 104.

5 (5) Certified nurse assistant as described in Article 9  
6 (commencing with Section 1337) of Chapter 2 of Division 2.

7 (6) Certified home health aide as described in Section 1736.1.

8 (7) Certified hemodialysis technician as described in Section  
9 1247.61 of the Business and Professions Code.

10 (8) Nursing home administrator as described in Section 1416.2.

11 (c) Not later than January 1, 2015, if the department accredits  
12 or otherwise approves schools offering educational course credit  
13 for meeting licensing and certification qualifications and  
14 requirements, the department shall require a school seeking  
15 accreditation or approval to submit to the board proof that the  
16 school has procedures in place to fully accept an applicant's  
17 military education, training, and practical experience toward the  
18 completion of an educational program that would qualify a person  
19 to apply for licensure or certification if the school determines that  
20 the education, training, or practical experience is equivalent to the  
21 standards of the department. If the department requires a school  
22 to be accredited by a national organization, the requirement of the  
23 department shall not, in any way, conflict with standards set by  
24 the national organization.

25 (d) With respect to complying with the requirements of this  
26 section including the determination of equivalency between the  
27 education, training, or practical experience of an applicant and the  
28 department's standards, and obtaining state, federal, or private  
29 funds to support compliance with this section, the Department of  
30 Veterans Affairs, the Chancellor of the California State University,  
31 and the Chancellor of the California Community Colleges shall  
32 provide technical assistance to the department, to the State Public  
33 Health Officer, and to the schools described in this section.

34 (e) *Nothing in this section shall interfere with an educational,*  
35 *certification, or licensing requirement or standard set by a*  
36 *licensing entity or certification board or other appropriate healing*  
37 *arts regulatory agency or entity, to practice health care in*  
38 *California.*

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**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Logue	<b>BILL NUMBER:</b>	AB 259
<b>SPONSOR:</b>	Logue	<b>BILL STATUS:</b>	Committee on Appropriations
<b>SUBJECT:</b>	Nursing: CPR in emergency situations	<b>DATE LAST AMENDED:</b>	4/16/13

**SUMMARY:**

This bill was originally introduced on February 7, 2013, with the subject related to water user or users. It was amended to apply to Nursing on March 19<sup>th</sup>.

The Nursing Practice Act governs the licensing and regulation of professional nursing, and vests authority for enforcing the act in the Board of Registered Nursing within the Department of Consumer Affairs. Among other provisions, the act provides that a person licensed pursuant to the act who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment is not liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care, except as specified. The act also authorizes the board to take disciplinary action against a certified or licensed nurse for unprofessional conduct, as described. A person who violates a provision of the act is guilty of a misdemeanor.

Existing law regulates health facilities, including skilled nursing facilities, intermediate care facilities, and congregate living health facilities. A person who violates these provisions is guilty of a crime, except as specified.

**ANALYSIS:**

This bill would make refusing to administer cardiopulmonary resuscitation in an emergency situation unprofessional conduct for purposes of the Nursing Practice Act, as specified. By creating a new crime, the bill would impose a state-mandated local program.

The bill would also provide that if a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility from administering cardiopulmonary resuscitation, that policy is void as against public policy. By creating a new crime relating to health care facilities, the bill would impose a state-mandated local program.

**AMENDED ANALYSIS as of 4/16:**

The bill would *make it a misdemeanor for those facilities [long-term health care facilities, community care facilities, adult day health care centers, and residential care facilities] to have a policy that prohibits any employee from administering cardiopulmonary resuscitation, except as specified*. By creating a new crime relating to *these* facilities, the bill would impose a state-mandated local program.

**BOARD POSITION:** Watch (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Advocates for Nursing Home Reform

**OPPOSE:**

California Nurses Association

AMENDED IN ASSEMBLY APRIL 16, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## ASSEMBLY BILL

No. 259

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**Introduced by Assembly Member Logue**

February 7, 2013

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An act to amend Section 2762 of the Business and Professions Code, and to add Section 1259.7 Chapter 13 (commencing with Section 1796) to Division 2 of the Health and Safety Code, relating to ~~nursing health and care facilities~~.

### LEGISLATIVE COUNSEL'S DIGEST

AB 259, as amended, Logue. ~~Nursing: Health and care facilities: CPR in emergency situations.~~

The Nursing Practice Act governs the licensing and regulation of professional nursing, and vests authority for enforcing the act in the Board of Registered Nursing within the Department of Consumer Affairs. Among other provisions, the act provides that a person licensed pursuant to the act who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment is not liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care, except as specified. The act also authorizes the board to take disciplinary action against a certified or licensed nurse for unprofessional conduct, as described. A person who violates a provision of the act is guilty of a misdemeanor.

Existing law regulates health facilities, including skilled nursing facilities, intermediate care facilities, and congregate living health

~~facilities long-term health care facilities, community care facilities, adult day health care centers, and residential care facilities.~~ A person who violates these provisions is guilty of a crime, except as specified.

~~This bill would make refusing to administer cardiopulmonary resuscitation in an emergency situation unprofessional conduct for purposes of the Nursing Practice Act, as specified. By creating a new crime, the bill would impose a state-mandated local program.~~

~~The bill would also provide that if a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility make it a misdemeanor for those facilities to have a policy that prohibits any employee from administering cardiopulmonary resuscitation, that policy is void as against public policy except as specified. By creating a new crime relating to health care these facilities, the bill would impose a state-mandated local program.~~

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1     ~~SECTION 1. Section 2762 of the Business and Professions~~  
2     ~~Code is amended to read:~~  
3     ~~2762. In addition to other acts constituting unprofessional~~  
4     ~~conduct within the meaning of this chapter it is unprofessional~~  
5     ~~conduct for a person licensed under this chapter to do any of the~~  
6     ~~following:~~  
7     ~~(a) Obtain or possess in violation of law, or prescribe, or except~~  
8     ~~as directed by a licensed physician and surgeon, dentist, or~~  
9     ~~podiatrist administer to himself or herself, or furnish or administer~~  
10    ~~to another, any controlled substance as defined in Division 10~~  
11    ~~(commencing with Section 11000) of the Health and Safety Code~~  
12    ~~or any dangerous drug or dangerous device as defined in Section~~  
13    ~~4022.~~



~~(b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.~~

~~(c) Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof.~~

~~(d) Be committed or confined by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in subdivisions (a) and (b) of this section, in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.~~

~~(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a).~~

~~(f) Refuse to administer cardiopulmonary resuscitation in an emergency situation, provided that the nurse is able to perform the resuscitation. This subdivision does not apply if there is a "Do not resuscitate" order in effect for the person upon whom the resuscitation would otherwise be performed.~~

~~SEC. 2. Section 1259.7 is added to the Health and Safety Code, to read:~~

~~1259.7. If a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility from administering cardiopulmonary resuscitation, that policy is void as against public policy.~~

~~SECTION 1. Chapter 13 (commencing with Section 1796) is added to Division 2 of the Health and Safety Code, to read:~~

## CHAPTER 13. CARDIOPULMONARY RESUSCITATION

1796. (a) It is a misdemeanor for a long-term health care facility, as defined in Section 1418, community care facility, as defined in Section 1502, adult day health care center, as defined in Section 1570.7, or residential care facility for the elderly, as defined in Section 1569.2, to have a policy that prohibits any employee from administering cardiopulmonary resuscitation.

(b) This section does not apply if there is a “do not resuscitate” or Physician Orders for Life Sustaining Treatment form, as defined in Section 4780 of the Probate Code, or an advance health care directive that prohibits resuscitation, as specified in Part 2 (commencing with Section 4670) of Division 4.7 of the Probate Code, in effect for the person upon whom the resuscitation would otherwise be performed.

~~SEC. 3.~~

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Nestande	<b>BILL NUMBER:</b>	AB 291
<b>SPONSOR:</b>		<b>BILL STATUS:</b>	Committee on Accountability & Administrative Review
<b>SUBJECT:</b>	California Sunset Review Committee	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

Existing law establishes the Joint Sunset Review Committee, a legislative committee comprised of 10 Members of the Legislature, to identify and eliminate waste, duplication, and inefficiency in government agencies and to conduct a comprehensive analysis of every “eligible agency” for which a date for repeal has been established, to determine if the agency is still necessary and cost effective. Existing law requires each eligible agency scheduled for repeal to submit a report to the committee containing specified information. Existing law requires the committee to take public testimony and evaluate the eligible agency prior to the date the agency is scheduled to be repealed, and requires that an eligible agency be eliminated unless the Legislature enacts a law to extend, consolidate, or reorganize the agency. Existing law also requires the committee to review eligible agencies and evaluate and determine whether each has demonstrated a public need for its continued existence and to submit a report to the Legislature detailing whether an agency should be terminated, continued, or whether its functions should be modified.

**ANALYSIS:**

This bill would abolish the Joint Sunset Review Committee on January 1 or an unspecified year. The bill would, commencing on that same January 1, establish the California Sunset Review Commission within the executive branch to assess the continuing need for any agency, as defined, to exist. The commission would consist of 10 members, with 8 members appointed by the Governor and 2 Members of the Legislature each appointed by the Senate Committee on Rules and the Speaker of the Assembly, subject to specified terms. The commission would be under the direction of a director appointed by the commission members. The bill would require the commission to meet regularly and to work with each agency subject to review to evaluate the need for the agency to exist, identify required statutory, regulatory, or management changes, and develop legislative proposals to enact those changes. The bill would require the commission to prepare a report, containing legislative recommendations based on its agency review, to be submitted to the Legislature and would also require the commission to meet certain cost-savings standards within 5 years.

This bill would require an agency to submit a specified self-evaluation report to the commission prior to its review. The bill would require the Legislative Analyst’s Office to provide the commission with an estimate of the staffing needed to perform the commission’s work.

**BOARD POSITION:** Watch (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

**OPPOSE:**

**ASSEMBLY BILL**

**No. 291**

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**Introduced by Assembly Member Nestande**

February 11, 2013

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An act to amend and repeal Sections 9147.7, 9148.50, 9148.51, and 9148.52 of, to amend, repeal, and add Section 9148.8 of, and to add Article 7.6 (commencing with Section 9147.9) to Chapter 1.5 of Part 1 of Division 2 of Title 2 of, the Government Code, relating to state government.

LEGISLATIVE COUNSEL’S DIGEST

AB 291, as introduced, Nestande. California Sunset Review Commission.

Existing law establishes the Joint Sunset Review Committee, a legislative committee comprised of 10 Members of the Legislature, to identify and eliminate waste, duplication, and inefficiency in government agencies and to conduct a comprehensive analysis of every “eligible agency” for which a date for repeal has been established, to determine if the agency is still necessary and cost effective. Existing law requires each eligible agency scheduled for repeal to submit a report to the committee containing specified information. Existing law requires the committee to take public testimony and evaluate the eligible agency prior to the date the agency is scheduled to be repealed, and requires that an eligible agency be eliminated unless the Legislature enacts a law to extend, consolidate, or reorganize the agency. Existing law also requires the committee to review eligible agencies and evaluate and determine whether each has demonstrated a public need for its continued existence and to submit a report to the Legislature detailing whether an

agency should be terminated, continued, or whether its functions should be modified.

This bill would abolish the Joint Sunset Review Committee on January 1 or an unspecified year. The bill would, commencing on that same January 1, establish the California Sunset Review Commission within the executive branch to assess the continuing need for any agency, as defined, to exist. The commission would consist of 10 members, with 8 members appointed by the Governor and 2 Members of the Legislature each appointed by the Senate Committee on Rules and the Speaker of the Assembly, subject to specified terms. The commission would be under the direction of a director appointed by the commission members. The bill would require the commission to meet regularly and to work with each agency subject to review to evaluate the need for the agency to exist, identify required statutory, regulatory, or management changes, and develop legislative proposals to enact those changes. The bill would require the commission to prepare a report, containing legislative recommendations based on its agency review, to be submitted to the Legislature and would also require the commission to meet certain cost-savings standards within 5 years.

This bill would require an agency to submit a specified self-evaluation report to the commission prior to its review. The bill would require the Legislative Analyst's Office to provide the commission with an estimate of the staffing needed to perform the commission's work.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 9147.7 of the Government Code is
- 2 amended to read:
- 3 9147.7. (a) For the purpose of this section, "eligible agency"
- 4 means any agency, authority, board, bureau, commission,
- 5 conservancy, council, department, division, or office of state
- 6 government, however denominated, excluding an agency that is
- 7 constitutionally created or an agency related to postsecondary
- 8 education, for which a date for repeal has been established by
- 9 statute on or after January 1, 2011.
- 10 (b) The Joint Sunset Review Committee is hereby created to
- 11 identify and eliminate waste, duplication, and inefficiency in
- 12 government agencies. The purpose of the committee is to conduct

1 a comprehensive analysis over 15 years, and on a periodic basis  
2 thereafter, of every eligible agency to determine if the agency is  
3 still necessary and cost effective.

4 (c) Each eligible agency scheduled for repeal shall submit to  
5 the committee, on or before December 1 prior to the year it is set  
6 to be repealed, a complete agency report covering the entire period  
7 since last reviewed, including, but not limited to, the following:

8 (1) The purpose and necessity of the agency.

9 (2) A description of the agency budget, priorities, and job  
10 descriptions of employees of the agency.

11 (3) Any programs and projects under the direction of the agency.

12 (4) Measures of the success or failures of the agency and  
13 justifications for the metrics used to evaluate successes and failures.

14 (5) Any recommendations of the agency for changes or  
15 reorganization in order to better fulfill its purpose.

16 (d) The committee shall take public testimony and evaluate the  
17 eligible agency prior to the date the agency is scheduled to be  
18 repealed. An eligible agency shall be eliminated unless the  
19 Legislature enacts a law to extend, consolidate, or reorganize the  
20 eligible agency. No eligible agency shall be extended in perpetuity  
21 unless specifically exempted from the provisions of this section.  
22 The committee may recommend that the Legislature extend the  
23 statutory sunset date for no more than one year to allow the  
24 committee more time to evaluate the eligible agency.

25 (e) The committee shall be comprised of 10 members of the  
26 Legislature. The Senate Committee on Rules shall appoint five  
27 members of the Senate to the committee, not more than three of  
28 whom shall be members of the same political party. The Speaker  
29 of the Assembly shall appoint five members of the Assembly to  
30 the committee, not more than three of whom shall be members of  
31 the same political party. Members shall be appointed within 15  
32 days after the commencement of the regular session. Each member  
33 of the committee who is appointed by the Senate Committee on  
34 Rules or the Speaker of the Assembly shall serve during that  
35 committee member's term of office or until that committee member  
36 no longer is a Member of the Senate or the Assembly, whichever  
37 is applicable. A vacancy on the committee shall be filled in the  
38 same manner as the original appointment. Three Assembly  
39 Members and three Senators who are members of the committee  
40 shall constitute a quorum for the conduct of committee business.



1 Members of the committee shall receive no compensation for their  
2 work with the committee.

3 (f) The committee shall meet not later than 30 days after the  
4 first day of the regular session to choose a chairperson and to  
5 establish the schedule for eligible agency review provided for in  
6 the statutes governing the eligible agencies. The chairperson of  
7 the committee shall alternate every two years between a Member  
8 of the Senate and a Member of the Assembly, and the vice  
9 chairperson of the committee shall be a member of the opposite  
10 house as the chairperson.

11 (g) This section shall not be construed to change the existing  
12 jurisdiction of the budget or policy committees of the Legislature.

13 (h) *This section shall remain in effect only until January 1, 20\_\_,*  
14 *and as of that date is repealed, unless a later enacted statute, that*  
15 *is enacted before January 1, 20\_\_, deletes or extends that date.*

16 SEC. 2. Article 7.6 (commencing with Section 9147.9) is added  
17 to Chapter 1.5 of Part 1 of Division 2 of Title 2 of the Government  
18 Code, to read:

19  
20 Article 7.6. California Sunset Review Commission

21  
22 9147.9. This article may be cited as the California Sunset  
23 Review Commission Act.

24 9147.11. For the purpose of this section, the following  
25 definitions shall apply:

26 (a) "Agency" means any agency, authority, board, bureau,  
27 commission, conservancy, council, department, division, or office  
28 of state government, however denominated, excluding an agency  
29 that is constitutionally created or an agency related to  
30 postsecondary education.

31 (b) "Commission" means the California Sunset Review  
32 Commission.

33 (c) "Act" means the California Sunset Review Commission Act.

34 9147.13. The California Sunset Review Commission is hereby  
35 created within the executive branch of state government. The  
36 commission shall be located in Sacramento.

37 9147.15. (a) The commission shall consist of 10 members.

38 (1) The Governor shall appoint 8 members to serve a term of  
39 four years.

1 (2) The Senate Committee on Rules shall appoint one Member  
2 of the Senate to serve a term of two years or until that Member is  
3 no longer a Member of the Senate, whichever is applicable.

4 (3) The Speaker of the Assembly shall appoint one Member of  
5 the Assembly to serve a term of two years or until that Member is  
6 no longer a Member of the Assembly, whichever is applicable.

7 (b) The commission shall appoint a chairperson from its  
8 members appointed pursuant to paragraph (1).

9 (c) The Members of the Legislature appointed to the commission  
10 shall serve at the pleasure of the appointing power and shall  
11 participate in the activities of the commission to the extent that  
12 the participation is not incompatible with their respective positions  
13 as Members of the Legislature.

14 (d) A vacancy on the commission shall be filled in the same  
15 manner as the original appointment.

16 (e) (1) The members of the commission shall serve without  
17 compensation, except that each member appointed by the Governor  
18 shall receive fifty dollars (\$50) for each day's attendance at a  
19 meeting of the commission.

20 (2) Each member shall be allowed actual expenses incurred in  
21 the discharge of his or her duties, including travel expenses.

22 9147.17. (a) The commission shall be under the direction of  
23 a director appointed by the commission members.

24 (b) The director shall employ sufficient staff to carry out the  
25 commission's responsibilities.

26 (c) The Legislative Analyst's Office shall estimate the staffing  
27 needed to manage the workload of the commission.

28 9147.19. (a) The commission shall serve in an advisory  
29 capacity and shall meet regularly to assess and review the  
30 continuing need for an agency to exist.

31 (b) Prior to the commission's review of an agency, the  
32 commission staff shall work with each agency to evaluate the need  
33 for the agency to exist, identify required statutory, regulatory, or  
34 management changes, and develop recommendation for legislative  
35 proposals to enact those changes. The commission shall also  
36 consult with interest groups, affected agencies, and other interested  
37 parties in reviewing an agency.

38 (c) In carrying out its duties pursuant to this section, the  
39 commission shall evaluate an agency pursuant to the following  
40 criteria, as applicable:

1 (1) The efficiency and effectiveness of the agency's operations.

2 (2) Whether the agency has been successful in achieving its  
3 mission, goals, and objectives.

4 (3) Whether the agency performs duties that are not statutorily  
5 authorized and, if so, identify the authority for those activities and  
6 whether those activities are needed.

7 (4) Whether the agency has any authority related to fees,  
8 inspections, enforcement, and penalties.

9 (5) Whether the agency's functions and operations could be less  
10 burdensome or restrictive while still serving the public.

11 (6) Whether the functions of the agency could be effectively  
12 consolidated or merged with another agency to promote efficiency  
13 in government.

14 (7) Whether the agency's programs and jurisdiction duplicate  
15 those of other state agencies.

16 (8) Whether the agency promptly and effectively addresses  
17 complaints.

18 (9) Whether the agency utilizes public participation for  
19 rulemaking and decisions and, if so, whether it is done in an  
20 effective manner.

21 (10) Whether the agency complied with federal and state  
22 requirements regarding equal employment, privacy rights, and  
23 purchasing guidelines for underutilized businesses.

24 (11) Whether the agency effectively enforces rules regarding  
25 the potential conflicts of interest of its employees.

26 (12) Whether abolishing the agency would cause federal  
27 government intervention or loss of federal funds.

28 (13) Whether the agency's statutory reporting requirements  
29 effectively fulfill a useful purpose; and whether there are reporting  
30 requirements of this agency that are duplicative of other agencies  
31 or can effectively be combined or consolidated into another agency  
32 that has similar requirements.

33 (d) The commission shall take public testimony from agency  
34 staff, interest groups, and affected parties relating to whether an  
35 agency should continue in existence.

36 (e) (1) The commission shall prepare a staff report to be  
37 submitted to the Legislature. The report shall include, but not be  
38 limited to, specific recommendations to the Legislature to enact  
39 legislation to do the following:

1 (A) Repeal unnecessary, outdated, or unnecessary statutes,  
2 regulations, and programs.

3 (B) Develop reorganization plans that abolish and streamline  
4 existing agencies, if needed.

5 (2) A report to the Legislature pursuant to this section shall be  
6 submitted in compliance with Section 9795.

7 (3) This subdivision shall become inoperative on January 1,  
8 2018, pursuant to Section 10231.5

9 9147.21. Prior to review by the commission, an agency shall  
10 submit a self-evaluation report to the commission. The report shall  
11 include, but not be limited to, the criteria described in subdivision  
12 (c) of Section 9147.19.

13 9147.23. In order to ensure accountability, the commission  
14 shall demonstrate a 5-to-1 cost savings within the first five years  
15 of sunset review hearings, and every five years thereafter. For  
16 every dollar it costs to run the commission, five dollars (\$5) shall  
17 be saved in streamlining the government process and eliminating  
18 unnecessary agencies.

19 9147.25. This article shall become operative on January 1,  
20 20\_\_.

21 SEC. 3. Section 9148.8 of the Government Code is amended  
22 to read:

23 9148.8. (a) The appropriate policy committee of the Legislature  
24 may evaluate a plan prepared pursuant to Section 9148.4 or 9148.6.  
25 The chairperson of a policy committee may alternatively require  
26 that the Joint Sunset Review Committee evaluate and provide  
27 recommendations on any plan prepared pursuant to Section 9148.4  
28 or 9148.6, or any other legislative issue or proposal to create a new  
29 state board.

30 (b) The Joint Sunset Review Committee shall provide to the  
31 respective policy and fiscal committees of the Legislature any  
32 evaluation and recommendations prepared pursuant to this section.

33 (c) If an appropriate policy committee does not evaluate a plan  
34 prepared pursuant to Section 9148.6, then the Joint Sunset Review  
35 Committee shall evaluate the plan and provide recommendations  
36 to the Legislature.

37 (d) *This section shall remain in effect only until January 1, 20\_\_,*  
38 *and as of that date is repealed, unless a later enacted statute, that*  
39 *is enacted before January 1, 20\_\_, deletes or extends that date.*

1 SEC. 4. Section 9148.8 is added to the Government Code, to  
2 read:

3 9148.8. (a) The appropriate policy committee of the Legislature  
4 may evaluate a plan prepared pursuant to Section 9148.4 or 9148.6.  
5 The chairperson of a policy committee may alternatively require  
6 that the California Sunset Review Commission evaluate and  
7 provide recommendations on any plan prepared pursuant to Section  
8 9148.4 or 9148.6, or any other legislative issue or proposal to  
9 create a new state board.

10 (b) The California Sunset Review Commission shall provide to  
11 the respective policy and fiscal committees of the Legislature any  
12 evaluation and recommendations prepared pursuant to this section.

13 (c) If an appropriate policy committee does not evaluate a plan  
14 prepared pursuant to Section 9148.6, then the California Sunset  
15 Review Commission shall evaluate the plan and provide  
16 recommendations to the Legislature.

17 This section shall become operative on January 1, 20\_\_.

18 SEC. 5. Section 9148.50 of the Government Code is amended  
19 to read:

20 9148.50. The Legislature finds and declares all of the following:

21 (a) California's multilevel, complex governmental structure  
22 today contains more than 400 categories of administrative or  
23 regulatory boards, commissions, committees, councils, associations,  
24 and authorities.

25 (b) These administrative or regulatory boards, commissions,  
26 committees, councils, associations, and authorities have been  
27 established without any method of periodically reviewing their  
28 necessity, effectiveness, or utility.

29 (c) As a result, the Legislature and residents of California cannot  
30 be assured that existing or proposed administrative or regulatory  
31 boards, commissions, committees, councils, associations, and  
32 authorities adequately protect the public health, safety, and welfare.

33 (d) *This section shall remain in effect only until January 1, 20\_\_,*  
34 *and as of that date is repealed, unless a later enacted statute, that*  
35 *is enacted before January 1, 20\_\_, deletes or extends that date.*

36 SEC. 6. Section 9148.51 of the Government Code is amended  
37 to read:

38 9148.51. (a) It is the intent of the Legislature that all existing  
39 and proposed eligible agencies, as defined in subdivision (a) of  
40 Section 9147.7, be subject to review to evaluate and determine

1 whether each has demonstrated a public need for its continued  
2 existence in accordance with enumerated factors and standards as  
3 set forth in Article 7.5 (commencing with Section 9147.7).

4 (b) If any state board becomes inoperative or is repealed in  
5 accordance with the act that added this section, any provision of  
6 existing law that provides for the appointment of board members  
7 and specifies the qualifications and tenure of board members shall  
8 not be implemented and shall have no force or effect while that  
9 state board is inoperative or repealed.

10 (c) Any provision of law authorizing the appointment of an  
11 executive officer by a state board subject to the review described  
12 in Article 7.5 (commencing with Section 9147.7), or prescribing  
13 his or her duties, shall not be implemented and shall have no force  
14 or effect while the applicable state board is inoperative or repealed.

15 (d) *This section shall remain in effect only until January 1, 20\_\_,*  
16 *and as of that date is repealed, unless a later enacted statute, that*  
17 *is enacted before January 1, 20\_\_, deletes or extends that date.*

18 SEC. 7. Section 9148.52 of the Government Code is amended  
19 to read:

20 9148.52. (a) The Joint Sunset Review Committee established  
21 pursuant to Section 9147.7 shall review all eligible agencies.

22 (b) The committee shall evaluate and make determinations  
23 pursuant to Article 7.5 (commencing with Section 9147.7).

24 (c) Pursuant to an evaluation made as specified in this section,  
25 the committee shall make a report which shall be available to the  
26 public and the Legislature on whether an agency should be  
27 terminated, or continued, or whether its functions should be revised  
28 or consolidated with those of another agency, and include any  
29 other recommendations as necessary to improve the effectiveness  
30 and efficiency of the agency. If the committee deems it advisable,  
31 the report may include proposed legislative proposals that would  
32 carry out its recommendations.

33 (d) *This section shall remain in effect only until January 1, 20\_\_,*  
34 *and as of that date is repealed, unless a later enacted statute, that*  
35 *is enacted before January 1, 20\_\_, deletes or extends that date.*



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Mitchell	<b>BILL NUMBER:</b>	AB 361
<b>SPONSOR:</b>	Corporation for Supportive Housing Western Center on Law and Poverty	<b>BILL STATUS:</b>	Committee on Appropriations suspense file
<b>SUBJECT:</b>	Medi-Cal: Health homes for Medi-Cal enrollees	<b>DATE LAST AMENDED:</b>	4/4/13

**SUMMARY:**

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

**ANALYSIS:**

This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program.

**AMENDED ANALYSIS as of 4/4**

Changes do not affect the Board.

**BOARD POSITION:** Support (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

Corporation for Supportive Housing (cosponsor)  
Western Center on Law and Poverty (cosponsor)  
California Association of Addiction Recovery Resources  
California Immigrant Policy Center  
California State Association of Counties



Century Housing  
Children Now  
Children's Defense Fund California  
EveryOne Home  
First Place for Youth  
Health Access California  
Non-Profit Housing Association of Northern California  
Senior Community Centers  
United Ways of California  
WellSpace Health

**OPPOSE:**

California Right to Life Committee, Inc.

AMENDED IN ASSEMBLY APRIL 4, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 361**

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**Introduced by Assembly Member Mitchell**  
***(Principal coauthor: Assembly Member Atkins)***  
***(Coauthor: Assembly Member Ammiano)***  
***(Coauthor: Senator Beall)***

February 14, 2013

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An act to add Article 3.9 (commencing with Section 14127) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 361, as amended, Mitchell. Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not

used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. The Legislature finds and declares all of the  
2     following:

3     (a) The Health Homes for Enrollees with Chronic Conditions  
4     option (Health Homes option) under Section 2703 of the federal  
5     Patient Protection and Affordable Care Act (Affordable Care Act)  
6     (42 U.S.C. Sec. 1396w-4) offers an opportunity for California to  
7     address chronic and complex health conditions, including social  
8     determinants that lead to poor health outcomes and high costs  
9     among Medi-Cal beneficiaries.

10    (b) For example, people who frequently use hospitals for reasons  
11    that could have been avoided with more appropriate care incur  
12    high Medi-Cal costs and suffer high rates of early-~~morality~~  
13    mortality due to the complexity of their conditions and, often, their  
14    negative social determinants of health. Frequent users have  
15    difficulties accessing regular or preventive care and complying  
16    with treatment protocols, and the significant number who are  
17    homeless have no place to store medications, cannot adhere to a  
18    healthy diet or maintain appropriate hygiene, face frequent  
19    victimization, and lack rest when recovering from illness.

20    (c) Increasingly, health providers are partnering with community  
21    behavioral health and social services providers to offer a  
22    person-centered interdisciplinary system of care that effectively  
23    addresses the needs of enrollees with multiple chronic or complex  
24    conditions, including frequent hospital users and people  
25    experiencing chronic homelessness. These health homes help  
26    people with chronic and complex conditions to access better care  
27    and better health, while decreasing costs.

28    (d) Federal guidelines allow the state to access enhanced federal  
29    matching rates for health home services under the Health Homes

option for multiple target populations to achieve more than one policy goal.

SEC. 2. Article 3.9 (commencing with Section 14127) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 3.9. Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions

14127. For the purposes of this article, the following definitions shall apply:

(a) “Department” means the State Department of Health Care Services.

(b) “Federal guidelines” means all federal statutes, and all regulatory and policy guidelines issued by the federal Centers for Medicare and Medicaid Services regarding the Health Homes for Enrollees with Chronic Conditions option under Section 2703 of the federal Patient Protection and Affordable Care Act (Affordable Care Act) (42 U.S.C. Sec. 1396w-4), including the State Medicaid Director Letter issued on November 16, 2010.

(c) (1) “Health home” means a provider or team of providers designated by the department that satisfies all of the following:

(A) Meets the criteria described in federal guidelines.

(B) Offers a whole person approach, including, but not limited to, coordinating other available services that address needs affecting a participating individual’s health.

(C) Offers services in a range of settings, as appropriate, to meet the needs of an individual eligible for health home services.

(2) Health home partners may include, but are not limited to, a health plan, community clinic, a mental health plan, a hospital, physicians, a clinical practice or clinical group practice, rural health clinic, community health center, community mental health center, home health agency, nurse practitioners, social workers, paraprofessionals, housing navigators, and housing providers.

(3) For purposes of serving ~~the population~~ *targeted beneficiaries* identified in *subdivision (c) of* Section 14127.3, the department shall require a lead provider to be a *physician, a community clinic, a mental health plan, a community-based nonprofit organization, a county health system, or a hospital.*

(4) The department may determine the model of health home it intends to create, including any entity, provider, or group of providers operating as a health team, as a team of health care professionals, or as a designated provider, as those terms are defined in Sections 3502(c)(2) and 1945(h)(5) and (h)(6) of the Affordable Care Act, respectively.

(d) “Homeless” has the same meaning as that term is defined in Section 91.5 of Title 24 of the Code of Federal Regulations. A “chronically homeless individual” means an individual whose conditions limit his or her activities of daily living and who has experienced homelessness for longer than a year or for four or more episodes over three years. An individual who is currently residing in transitional housing or who has been residing in permanent supportive housing for less than two years shall be considered a chronically homeless individual if the individual was chronically homeless prior to his or her residence.

(e) *“Targeted beneficiary” means an individual who meets the criteria specified in subdivision (c) of Section 14127.3.*

14127.1. Subject to federal approval, the department may do all of the following to create a California Health Home Program, as authorized under Section 2703 of the Affordable Care Act:

(a) Design, with opportunity for public comment, a program to provide health home services to Medi-Cal beneficiaries and Section 1115 waiver demonstration populations with chronic conditions.

(b) Contract with new providers, new managed care plans, existing Medi-Cal providers, existing managed care plans, or counties to provide health home services, as provided in Section 14128.

(c) Submit any necessary applications to the federal Centers for Medicare and Medicaid Services for one or more state plan amendments to provide health home services to Medi-Cal beneficiaries, to newly eligible Medi-Cal beneficiaries upon Medicaid expansion under the Affordable Care Act, and, if applicable, to Low Income Health Program (LIHP) enrollees in counties with LIHPs willing to match federal funds.

~~(d) Except as specified in Section 14127.3, define~~ Define the populations of eligible individuals.

(e) Develop a payment methodology, including, but not limited to, fee-for-service or per member, per month payment structures that include tiered payment rates that take into account the intensity

1 of services necessary to outreach to, engage, and serve the  
2 populations the department identifies.

3 (f) Identify health home services, consistent with federal  
4 guidelines.

5 (g) The department may submit applications and operate, to the  
6 extent permitted by federal law and to the extent federal approval  
7 is obtained, more than one health home program for distinct  
8 populations, different providers or contractors, or specific  
9 geographic areas.

10 14127.2. (a) The department may design one or more state  
11 plan amendments to provide health home services to children and  
12 adults pursuant to Section 14127.1, and, in consultation with  
13 stakeholders, shall develop the geographic criteria, beneficiary  
14 eligibility criteria, and provider eligibility criteria for each state  
15 plan amendment.

16 (b) (1) Subject to federal approval for receipt of the enhanced  
17 federal match, services provided under the program established  
18 pursuant to this article shall include all of the following:

19 (A) Comprehensive and individualized care management.

20 (B) Care coordination and health promotion, including  
21 connection to medical, mental health, and substance use care.

22 (C) Comprehensive transitional care from inpatient to other  
23 settings, including appropriate followup.

24 (D) Individual and family support, including authorized  
25 representatives.

26 (E) Referral to relevant community and social services supports,  
27 including, but not limited to, connection to housing for participants  
28 who are homeless or unstably housed, transportation to  
29 appointments needed to managed health needs, and peer recovery  
30 support.

31 (F) Health information technology to identify eligible individuals  
32 and link services, if feasible and appropriate.

33 (2) According to beneficiary needs, the health home provider  
34 may provide less intensive services or graduate the beneficiary  
35 completely from the program upon stabilization.

36 ~~(e) (1) The department shall design a health home program~~  
37 ~~with specific elements to engage and serve eligible individuals;~~  
38 ~~and health home program outreach and enrollment shall specifically~~  
39 ~~focus on these populations.~~

~~(2) The department shall design program elements, including provider rates specific to eligible populations defined by the department pursuant to subdivision (d) of Section 14127.1 and targeted beneficiaries described in Section 14127.3, if applicable, after consultation with stakeholder groups who have expertise in engagement and services for those individuals. The department shall design the health home program with specific elements to engage and serve these populations, and these populations shall be a specific focus for health home program outreach and enrollment.~~

14127.3. (a) If the department creates a health home program pursuant to this article, the department shall determine whether a health home program that targets adults is operationally viable.

(b) (1) In determining whether a health home program that targets adults is operationally viable, the department shall consider whether a state plan amendment could be designed in a manner that minimizes the impact on the General Fund, whether the department has the capacity to administer the program, and whether a sufficient provider network exists for providing health home services ~~to the population described in this section~~ *targeted beneficiaries described in subdivision (c)*.

(2) If the department determines that a health home program that targets adults is operationally viable pursuant to paragraph (1), then the department shall design a state plan amendment to target beneficiaries who meet the criteria specified in subdivision (c).

(3) (A) If the department determines a health home program that targets adults is not operationally viable, then the department shall report the basis for this determination, as well as a plan to address the *health* needs of the chronically homeless *beneficiaries* and frequent hospital users to the appropriate policy and fiscal committees of the Legislature.

(B) The requirement for submitting the report and plan under subparagraph (A) is inoperative four years after the date the report is due, pursuant to Section 10231.5 of the Government Code.

(c) A state plan amendment ~~designed~~ *submitted* pursuant to this section shall target *adult* beneficiaries who meet both of the following criteria:

(1) Have current diagnoses of chronic, co-occurring physical health, mental health, or substance use disorders prevalent among

1 frequent hospital users ~~at an acuity level to be determined by the~~  
2 ~~department.~~

3 ~~(2) Have one or more of the following indicators of severity, at~~  
4 ~~a level to be determined by the department:~~

5 *(2) Have a level of severity in conditions established by the*  
6 *department, based on one or more of the following factors:*

7 (A) Frequent inpatient hospital admissions, including  
8 hospitalization for medical, psychiatric, or substance use related  
9 conditions.

10 (B) Excessive use of crisis or emergency services.

11 (C) Chronic homelessness.

12 (d) (1) For the purposes of providing health home services to  
13 targeted beneficiaries who meet the criteria in subdivision (c), the  
14 department shall select designated health home providers, managed  
15 care organizations subcontracting with providers, or counties acting  
16 as or subcontracting with providers operating as a health home  
17 team that have all of the following:

18 (A) Demonstrated experience working with frequent hospital  
19 users.

20 (B) Demonstrated experience working with people who are  
21 chronically homeless.

22 (C) The capacity and administrative infrastructure to participate  
23 in the program, including the ability to meet requirements of federal  
24 guidelines.

25 (D) A viable plan, with roles identified among providers of the  
26 health home, to do all of the following:

27 (i) Reach out to and engage frequent hospital users and  
28 chronically homeless eligible individuals.

29 (ii) Link eligible individuals who are homeless or experiencing  
30 housing instability to permanent housing, such as supportive  
31 housing.

32 (iii) Ensure coordination and linkages to services needed to  
33 access and maintain health stability, including medical, mental  
34 health, substance use care, and social services to address social  
35 determinants of health.

36 (2) The department may design additional provider criteria to  
37 those identified in paragraph (1) after consultation with stakeholder  
38 groups who have expertise in engagement and services for targeted  
39 beneficiaries described in this section.



1 (3) The department may authorize health home providers eligible  
2 under this subdivision to serve Medi-Cal enrollees through a  
3 fee-for-service or managed care delivery system, and shall allow  
4 for both county-operated and private providers to participate in  
5 the California Health Home program.

6 (4) *The department shall design strategies to outreach to,*  
7 *engage, and provide health home services to the targeted*  
8 *beneficiaries identified in subdivision (c), based on consultation*  
9 *with stakeholders groups who have expertise in engaging and*  
10 *providing services to these targeted beneficiaries.*

11 (5) *The department shall design other health home elements,*  
12 *including provider rates specific to targeted beneficiaries described*  
13 *in subdivision (c), after consultation with stakeholder groups who*  
14 *have expertise in engaging and providing services to these targeted*  
15 *beneficiaries.*

16 (6) *If the department creates a health home program that targets*  
17 *adults described in subdivision (c), the department may also submit*  
18 *state plan amendments targeting other adult populations.*

19 14127.4. (a) The department shall administer this article in a  
20 manner that attempts to maximize federal financial participation,  
21 consistent with federal law.

22 (b) This article shall not be construed to preclude local  
23 governments or foundations from contributing the nonfederal share  
24 of costs for services provided under this program, so long as those  
25 contributions are permitted under federal law. The department, or  
26 counties contracting with the department, may also enter into  
27 risk-sharing and social impact bond program agreements to fund  
28 services under this article.

29 (c) In accordance with federal guidelines, the state may limit  
30 availability of health home or enhanced health home services  
31 geographically.

32 14127.5. (a) If the department creates a health home program,  
33 the department shall ensure that an evaluation of the program is  
34 completed and shall, within two years after implementation, submit  
35 a report to the appropriate policy and fiscal committees of the  
36 Legislature.

37 (b) The requirement for submitting the report under subdivision  
38 (a) is inoperative four years after the date the report is due, pursuant  
39 to Section 10231.5 of the Government Code.

1 14127.6. (a) This article shall be implemented only if and to  
2 the extent federal financial participation is available and the federal  
3 Centers for Medicare and Medicaid Services approves any state  
4 plan amendments sought pursuant to this article.

5 (b) Except as provided in subdivisions (c) and (d), this article  
6 shall be implemented only if no additional General Fund moneys  
7 are used to fund the administration and costs of services.

8 (c) Notwithstanding subdivision (b), prior to and during the first  
9 eight quarters of implementation, if the department projects, based  
10 on analysis of current and projected expenditures for health home  
11 services, that this article can be implemented in a manner that does  
12 not result in a net increase in ongoing General Fund costs for the  
13 Medi-Cal program, the department may use state funds to fund  
14 any program costs.

15 (d) Notwithstanding subdivision (b), if the department projects,  
16 after the first eight quarters of implementation, that implementation  
17 of this article has not resulted in a net increase in ongoing General  
18 Fund costs for the Medi-Cal program, the department may use  
19 state funds to fund any program costs.

20 (e) The department may use new funding in the form of  
21 enhanced federal financial participation for health home services  
22 that are currently funded to fund any additional costs for new health  
23 home program services.

24 (f) The department shall seek to fund the creation,  
25 implementation, and administration of the program with funding  
26 other than state general funds.

27 (g) The department may revise or terminate the health home  
28 program any time after the first eight quarters of implementation  
29 if the department finds that the program fails to result in improved  
30 health outcomes or results in substantial General Fund expense  
31 without commensurate decreases in Medi-Cal costs among program  
32 participants.

33 14128. (a) In the event of a judicial challenge of the provisions  
34 of this article, this article shall not be construed to create an  
35 obligation on the part of the state to fund any payment from state  
36 funds due to the absence or shortfall of federal funding.

37 (b) For the purposes of implementing this article, the department  
38 may enter into exclusive or nonexclusive contracts on a bid or  
39 negotiated basis, and may amend existing managed care contracts  
40 to provide or arrange for services under this article. Contracts may

1 be statewide or on a more limited geographic basis. Contracts  
2 entered into or amended under this section shall be exempt from  
3 the provisions of Chapter 2 (commencing with Section 10290) of  
4 Part 2 of Division 2 of the Public Contract Code and Chapter 6  
5 (commencing with Section 14825) of Part 5.5 of Division 3 of the  
6 Government Code, and shall be exempt from the review or  
7 approval of any division of the Department of General Services.

8 (c) (1) Notwithstanding Chapter 3.5 (commencing with Section  
9 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
10 the department may implement, interpret, or make specific the  
11 process set forth in this article by means of all-county letters, plan  
12 letters, plan or provider bulletins, or similar instructions, without  
13 taking regulatory action, until such time as regulations are adopted.  
14 It is the intent of the Legislature that the department be provided  
15 temporary authority as necessary to implement program changes  
16 until completion of the regulatory process.

17 (2) The department shall adopt emergency regulations no later  
18 than two years after implementation of this article. The department  
19 may readopt, up to two times, any emergency regulation authorized  
20 by this section that is the same as or substantially equivalent to an  
21 emergency regulation previously adopted pursuant to this section.

22 (3) The initial adoption of emergency regulations implementing  
23 this article and the readoptions of emergency regulations authorized  
24 by this section shall be deemed an emergency and necessary for  
25 the immediate preservation of the public peace, health, safety, or  
26 general welfare. Initial emergency regulations and readoptions  
27 authorized by this section shall be exempt from review by the  
28 Office of Administrative Law. The initial emergency regulations  
29 and readoptions authorized by this section shall be submitted to  
30 the Office of Administrative Law for filing with the Secretary of  
31 State and shall remain in effect for no more than 180 days, by  
32 which time final regulations may be adopted.



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Rendon	<b>BILL NUMBER:</b>	AB 512
<b>SPONSOR:</b>	Los Angeles County	<b>BILL STATUS:</b>	Assembly
<b>SUBJECT:</b>	Healing arts: licensure exemption	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

Existing law provides for the licensure and regulation of various healing arts practitioners by boards within the Department of Consumer Affairs. Existing law provides an exemption from these requirements for a health care practitioner licensed in another state who offers or provides health care for which he or she is licensed during a state of emergency, as defined, and upon request of the Director of the Emergency Medical Services Authority, as specified.

Existing law provides, until January 1, 2014, an exemption from the licensure and regulation requirements for a health care practitioner, as defined, licensed or certified in good standing in another state or states, who offers or provides health care services for which he or she is licensed or certified through a sponsored event, as defined, (1) to uninsured or underinsured persons, (2) on a short-term voluntary basis, (3) in association with a sponsoring entity that registers with the applicable healing arts board, as defined, and provides specified information to the county health department of the county in which the health care services will be provided, and (4) without charge to the recipient or a 3rd party on behalf of the recipient, as specified. Existing law also requires an exempt health care practitioner to obtain prior authorization to provide these services from the applicable licensing board, as defined, and to satisfy other specified requirements, including payment of a fee as determined by the applicable licensing board.

**ANALYSIS:**

This bill would delete the January 1, 2014, date of repeal, and instead allow the exemption to operate until January 1, 2018.

**BOARD POSITION:** Oppose (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

Los Angeles County (sponsor)  
Association of California Healthcare Districts

**OPPOSE:**

California Nurses Association

**ASSEMBLY BILL**

**No. 512**

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**Introduced by Assembly Member Rendon**

February 20, 2013

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An act to amend Section 901 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 512, as introduced, Rendon. Healing arts: licensure exemption.

Existing law provides for the licensure and regulation of various healing arts practitioners by boards within the Department of Consumer Affairs. Existing law provides an exemption from these requirements for a health care practitioner licensed in another state who offers or provides health care for which he or she is licensed during a state of emergency, as defined, and upon request of the Director of the Emergency Medical Services Authority, as specified.

Existing law provides, until January 1, 2014, an exemption from the licensure and regulation requirements for a health care practitioner, as defined, licensed or certified in good standing in another state or states, who offers or provides health care services for which he or she is licensed or certified through a sponsored event, as defined, (1) to uninsured or underinsured persons, (2) on a short-term voluntary basis, (3) in association with a sponsoring entity that registers with the applicable healing arts board, as defined, and provides specified information to the county health department of the county in which the health care services will be provided, and (4) without charge to the recipient or a 3rd party on behalf of the recipient, as specified. Existing law also requires an exempt health care practitioner to obtain prior authorization to provide these services from the applicable licensing

board, as defined, and to satisfy other specified requirements, including payment of a fee as determined by the applicable licensing board.

This bill would delete the January 1, 2014, date of repeal, and instead allow the exemption to operate until January 1, 2018.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 901 of the Business and Professions Code  
2 is amended to read:

3 901. (a) For purposes of this section, the following provisions  
4 apply:

5 (1) “Board” means the applicable healing arts board, under this  
6 division or an initiative act referred to in this division, responsible  
7 for the licensure or regulation in this state of the respective health  
8 care practitioners.

9 (2) “Health care practitioner” means any person who engages  
10 in acts that are subject to licensure or regulation under this division  
11 or under any initiative act referred to in this division.

12 (3) “Sponsored event” means an event, not to exceed 10 calendar  
13 days, administered by either a sponsoring entity or a local  
14 government, or both, through which health care is provided to the  
15 public without compensation to the health care practitioner.

16 (4) “Sponsoring entity” means a nonprofit organization  
17 organized pursuant to Section 501(c)(3) of the Internal Revenue  
18 Code or a community-based organization.

19 (5) “Uninsured or underinsured person” means a person who  
20 does not have health care coverage, including private coverage or  
21 coverage through a program funded in whole or in part by a  
22 governmental entity, or a person who has health care coverage,  
23 but the coverage is not adequate to obtain those health care services  
24 offered by the health care practitioner under this section.

25 (b) A health care practitioner licensed or certified in good  
26 standing in another state, district, or territory of the United States  
27 who offers or provides health care services for which he or she is  
28 licensed or certified is exempt from the requirement for licensure  
29 if all of the following requirements are met:

30 (1) Prior to providing those services, he or she does all of the  
31 following:

1 (A) Obtains authorization from the board to participate in the  
2 sponsored event after submitting to the board a copy of his or her  
3 valid license or certificate from each state in which he or she holds  
4 licensure or certification and a photographic identification issued  
5 by one of the states in which he or she holds licensure or  
6 certification. The board shall notify the sponsoring entity, within  
7 20 calendar days of receiving a request for authorization, whether  
8 that request is approved or denied, provided that, if the board  
9 receives a request for authorization less than 20 days prior to the  
10 date of the sponsored event, the board shall make reasonable efforts  
11 to notify the sponsoring entity whether that request is approved or  
12 denied prior to the date of that sponsored event.

13 (B) Satisfies the following requirements:

14 (i) The health care practitioner has not committed any act or  
15 been convicted of a crime constituting grounds for denial of  
16 licensure or registration under Section 480 and is in good standing  
17 in each state in which he or she holds licensure or certification.

18 (ii) The health care practitioner has the appropriate education  
19 and experience to participate in a sponsored event, as determined  
20 by the board.

21 (iii) The health care practitioner shall agree to comply with all  
22 applicable practice requirements set forth in this division and the  
23 regulations adopted pursuant to this division.

24 (C) Submits to the board, on a form prescribed by the board, a  
25 request for authorization to practice without a license, and pays a  
26 fee, in an amount determined by the board by regulation, which  
27 shall be available, upon appropriation, to cover the cost of  
28 developing the authorization process and processing the request.

29 (2) The services are provided under all of the following  
30 circumstances:

31 (A) To uninsured or underinsured persons.

32 (B) On a short-term voluntary basis, not to exceed a  
33 10-calendar-day period per sponsored event.

34 (C) In association with a sponsoring entity that complies with  
35 subdivision (d).

36 (D) Without charge to the recipient or to a third party on behalf  
37 of the recipient.

38 (c) The board may deny a health care practitioner authorization  
39 to practice without a license if the health care practitioner fails to



1 comply with this section or for any act that would be grounds for  
2 denial of an application for licensure.

3 (d) A sponsoring entity seeking to provide, or arrange for the  
4 provision of, health care services under this section shall do both  
5 of the following:

6 (1) Register with each applicable board under this division for  
7 which an out-of-state health care practitioner is participating in  
8 the sponsored event by completing a registration form that shall  
9 include all of the following:

10 (A) The name of the sponsoring entity.

11 (B) The name of the principal individual or individuals who are  
12 the officers or organizational officials responsible for the operation  
13 of the sponsoring entity.

14 (C) The address, including street, city, ZIP Code, and county,  
15 of the sponsoring entity's principal office and each individual listed  
16 pursuant to subparagraph (B).

17 (D) The telephone number for the principal office of the  
18 sponsoring entity and each individual listed pursuant to  
19 subparagraph (B).

20 (E) Any additional information required by the board.

21 (2) Provide the information listed in paragraph (1) to the county  
22 health department of the county in which the health care services  
23 will be provided, along with any additional information that may  
24 be required by that department.

25 (e) The sponsoring entity shall notify the board and the county  
26 health department described in paragraph (2) of subdivision (d) in  
27 writing of any change to the information required under subdivision  
28 (d) within 30 calendar days of the change.

29 (f) Within 15 calendar days of the provision of health care  
30 services pursuant to this section, the sponsoring entity shall file a  
31 report with the board and the county health department of the  
32 county in which the health care services were provided. This report  
33 shall contain the date, place, type, and general description of the  
34 care provided, along with a listing of the health care practitioners  
35 who participated in providing that care.

36 (g) The sponsoring entity shall maintain a list of health care  
37 practitioners associated with the provision of health care services  
38 under this section. The sponsoring entity shall maintain a copy of  
39 each health care practitioner's current license or certification and  
40 shall require each health care practitioner to attest in writing that

1 his or her license or certificate is not suspended or revoked pursuant  
2 to disciplinary proceedings in any jurisdiction. The sponsoring  
3 entity shall maintain these records for a period of at least five years  
4 following the provision of health care services under this section  
5 and shall, upon request, furnish those records to the board or any  
6 county health department.

7 (h) A contract of liability insurance issued, amended, or renewed  
8 in this state on or after January 1, 2011, shall not exclude coverage  
9 of a health care practitioner or a sponsoring entity that provides,  
10 or arranges for the provision of, health care services under this  
11 section, provided that the practitioner or entity complies with this  
12 section.

13 (i) Subdivision (b) shall not be construed to authorize a health  
14 care practitioner to render care outside the scope of practice  
15 authorized by his or her license or certificate or this division.

16 (j) (1) The board may terminate authorization for a health care  
17 practitioner to provide health care services pursuant to this section  
18 for failure to comply with this section, any applicable practice  
19 requirement set forth in this division, any regulations adopted  
20 pursuant to this division, or for any act that would be grounds for  
21 discipline if done by a licensee of that board.

22 (2) The board shall provide both the sponsoring entity and the  
23 health care practitioner with a written notice of termination  
24 including the basis for that termination. The health care practitioner  
25 may, within 30 days after the date of the receipt of notice of  
26 termination, file a written appeal to the board. The appeal shall  
27 include any documentation the health care practitioner wishes to  
28 present to the board.

29 (3) A health care practitioner whose authorization to provide  
30 health care services pursuant to this section has been terminated  
31 shall not provide health care services pursuant to this section unless  
32 and until a subsequent request for authorization has been approved  
33 by the board. A health care practitioner who provides health care  
34 services in violation of this paragraph shall be deemed to be  
35 practicing health care in violation of the applicable provisions of  
36 this division, and be subject to any applicable administrative, civil,  
37 or criminal fines, penalties, and other sanctions provided in this  
38 division.

39 (k) The provisions of this section are severable. If any provision  
40 of this section or its application is held invalid, that invalidity shall

1 not affect other provisions or applications that can be given effect  
2 without the invalid provision or application.  
3 (l) This section shall remain in effect only until January 1, ~~2014~~,  
4 2018, and as of that date is repealed, unless a later enacted statute,  
5 that is enacted before January 1, ~~2014~~, 2018, deletes or extends  
6 that date.

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**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Salas	<b>BILL NUMBER:</b>	AB 633
<b>SPONSOR:</b>	Salas	<b>BILL STATUS:</b>	Assembly Judiciary
<b>SUBJECT:</b>	Emergency Medical Services: Civil Liability	<b>DATE LAST AMENDED:</b>	4/17/13

**SUMMARY:**

Under existing law, a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency is not liable for civil damages resulting from any act or omission, except as specified.

Existing law further provides that a person who has completed a basic cardiopulmonary resuscitation course that complies with specified standards and who in good faith renders emergency cardiopulmonary resuscitation at the scene of an emergency is not liable for any civil damages as a result of any act or omission, except as specified.

**ANALYSIS:**

This bill would prohibit a provider from adopting or enforcing a policy prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency. This prohibition would not apply to a long-term health care facility, a community care facility, adult day health care centers, or residential care facility for the elderly if there is a "do not resuscitate" or "Physician Orders for Life Sustaining Treatment" forms or an advance health care directive that prohibits resuscitation in effect for the person upon whom the resuscitation would otherwise be performed.

**BOARD POSITION:**

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Advocates for Nursing Home Reform  
California Professional Firefighters

**OPPOSE:**

California Hospital Association (oppose unless amended)

AMENDED IN ASSEMBLY APRIL 17, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## **ASSEMBLY BILL**

**No. 633**

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**Introduced by Assembly Member Salas**

February 20, 2013

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An act to add Section 1799.103 to the Health and Safety Code, relating to emergency medical services.

### LEGISLATIVE COUNSEL'S DIGEST

AB 633, as amended, Salas. Emergency medical services: civil liability.

Under existing law, a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency is not liable for civil damages resulting from any act or omission, except as specified. Existing law further provides that a person who has completed a basic cardiopulmonary resuscitation course that complies with specified standards, and who in good faith renders emergency cardiopulmonary resuscitation at the scene of an emergency is not liable for any civil damages as a result of any act or omission, except as specified. Existing law provides that a health care provider, including any licensed clinic, health dispensary, or health facility, is not liable for professional negligence or malpractice for any occurrence or result solely on the basis that the occurrence or result was caused by the natural course of a disease or condition, or was the natural or expected result of reasonable treatment rendered for the disease or condition.

This bill would prohibit an employer from having a policy ~~precluding~~ *prohibiting* an employee from providing *voluntary* emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency, *except as specified*. The bill would provide that an ~~employer~~ *employee* is not liable for any civil damages resulting from an act or omission ~~of its employee who, when he or she,~~ in good faith and not for compensation, renders emergency care at the scene of an emergency, *except as specified*.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1799.103 is added to the Health and  
2 Safety Code, to read:  
3 1799.103. (a) (1) An employer shall not adopt or enforce a  
4 policy ~~precluding~~ *prohibiting* an employee from *voluntarily*  
5 providing emergency medical services, including, but not limited  
6 to, cardiopulmonary resuscitation, in response to a medical  
7 emergency.  
8 ~~(b) An employer shall not be liable for any civil damages~~  
9 ~~resulting from an act or omission of its employee who, in good~~  
10 ~~faith and not for compensation, renders emergency care at the~~  
11 ~~scene of an emergency.~~  
12 (2) Section 1799.102 applies to an employee providing  
13 resuscitation pursuant to paragraph (1).  
14 (b) This section shall not apply to any of the following facilities  
15 if there is a “do not resuscitate” or a Physician Orders for Life  
16 Sustaining Treatment form as defined in Section 4780 of the  
17 Probate Code, or an advance health care directive that prohibits  
18 resuscitation pursuant to Chapter 1 (commencing with Section  
19 4670) of Part 2 of Division 4.7 of the Probate Code, in effect for  
20 the person upon whom the resuscitation would otherwise be  
21 performed:  
22 (1) A long-term health care facility, as defined in Section 1418.  
23 (2) A community care facility, as defined in Section 1502.  
24 (3) A residential care facility for the elderly, as defined in  
25 Section 1569.2.  
26 (4) An adult day health care center, as defined in Section 1570.7.

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**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Gomez	<b>BILL NUMBER:</b>	AB 697
<b>SPONSOR:</b>		<b>BILL STATUS:</b>	Committee on Health
<b>SUBJECT:</b>	Nursing education: service in state veterans homes	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education.

Existing law establishes the State Nursing Assumption Program of Loans for Education (SNAPLE), administered by the commission, under which any person enrolled in an institution of postsecondary education and participating in that loan assumption program is eligible to receive a conditional warrant for loan assumption, to be redeemed upon becoming employed as a full-time nursing faculty member at a California college or university.

**ANALYSIS:**

This bill would establish a loan assumption program for employees of state veterans' homes within the SNAPLE program. This program would provide loan assumption benefits to persons who fulfill agreements to work full time for 4 consecutive years as clinical registered nurses in state veterans' homes, as specified, that employ registered nurses. The program provides for a progressive assumption of the amount of a qualifying loan over 4 consecutive years of qualifying clinical registered nursing service, up to a total loan assumption of \$20,000.

The bill would require that, in any fiscal year, the commission award no more than the number of warrants that are authorized in the Budget Act for that fiscal year for the assumption of loans pursuant to the program. This program would become inoperative on July 1, 2019, and would be repealed on January 1, 2020.

**BOARD POSITION:** Support (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

**OPPOSE:**

**ASSEMBLY BILL**

**No. 697**

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**Introduced by Assembly Member Gomez**

February 21, 2013

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An act to add and repeal Article 2 (commencing with Section 70130) of Chapter 3 of Part 42 of Division 5 of Title 3 of the Education Code, relating to nursing education.

LEGISLATIVE COUNSEL'S DIGEST

AB 697, as introduced, Gomez. Nursing education: service in state veterans homes.

Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education.

Existing law establishes the State Nursing Assumption Program of Loans for Education (SNAPLE), administered by the commission, under which any person enrolled in an institution of postsecondary education and participating in that loan assumption program is eligible to receive a conditional warrant for loan assumption, to be redeemed upon becoming employed as a full-time nursing faculty member at a California college or university.

This bill would establish a loan assumption program for employees of state veterans' homes within the SNAPLE program. This program would provide loan assumption benefits to persons who fulfill agreements to work full time for 4 consecutive years as clinical registered nurses in state veterans' homes, as specified, that employ registered nurses. The program provides for a progressive assumption of the amount of a qualifying loan over 4 consecutive years of qualifying

clinical registered nursing service, up to a total loan assumption of \$20,000. The bill would require that, in any fiscal year, the commission award no more than the number of warrants that are authorized in the Budget Act for that fiscal year for the assumption of loans pursuant to the program. This program would become inoperative on July 1, 2019, and would be repealed on January 1, 2020.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Article 2 (commencing with Section 70130) is  
2 added to Chapter 3 of Part 42 of Division 5 of Title 3 of the  
3 Education Code, to read:

4  
5 Article 2. Service in State Veterans' Homes  
6

7 70130. (a) (1) Any person enrolled in an eligible institution,  
8 or any person who agrees to work full time as a registered nurse  
9 in a state veterans' home that employs registered nurses, may be  
10 eligible to enter into an agreement for loan assumption, to be  
11 redeemed pursuant to Section 70131 upon becoming employed as  
12 a clinical registered nurse in a state veterans' home that employs  
13 registered nurses. In order to be eligible to enter into an agreement  
14 for loan assumption, an applicant shall satisfy all of the conditions  
15 specified in subdivision (b).

16 (2) As used in this article, "eligible institution" means a  
17 postsecondary institution that is determined by the Student Aid  
18 Commission to meet both of the following requirements:

19 (A) The institution is eligible to participate in state and federal  
20 financial aid programs.

21 (B) The institution maintains an accredited program of  
22 professional preparation for licensing as a registered nurse in  
23 California.

24 (3) As used in this article, "state veterans' home" means any of  
25 the institutions referenced in Section 1011 of the Military and  
26 Veterans Code.

27 (b) (1) The applicant has been admitted to, or is enrolled in, or  
28 has successfully completed, an accredited program of professional  
29 preparation for licensing as a registered nurse in California.

1 However, a person who is currently employed as a registered nurse  
2 in a state veterans' home may be eligible to enter into an agreement  
3 for loan assumption under Article 1 (commencing with Section  
4 70100), but is not eligible to enter into an agreement for loan  
5 assumption under this article.

6 (2) The applicant is currently enrolled, or has been admitted to  
7 a program in which he or she will be enrolled, on a full-time basis,  
8 as determined by the participating institution. The applicant shall  
9 agree to maintain satisfactory academic progress and a minimum  
10 of full-time enrollment, as defined by the participating eligible  
11 institution.

12 (3) The applicant has been judged by his or her postsecondary  
13 institution to have outstanding ability on the basis of criteria that  
14 may include, but need not be limited to, any of the following:

15 (A) Grade point average.

16 (B) Test scores.

17 (C) Faculty evaluations.

18 (D) Interviews.

19 (E) Other recommendations.

20 (4) The applicant has received, or is approved to receive, a loan  
21 under one or more of the following designated loan programs:

22 (A) The Federal Family Education Loan Program (20 U.S.C.  
23 Sec. 1071 et seq.).

24 (B) Any loan program approved by the Student Aid  
25 Commission.

26 (5) The applicant has agreed to work full time for at least four  
27 consecutive years as a clinical registered nurse in a state veterans'  
28 home that employs registered nurses.

29 (c) No applicant who has completed fewer than 60 semester  
30 units, or the equivalent, shall be eligible under this section to  
31 participate in the loan assumption program set forth in this article.

32 (d) A person participating in the program pursuant to this section  
33 shall not enter into more than one agreement under this article.

34 70131. The commission shall commence loan assumption  
35 payments, as specified in Section 70132, upon verification that  
36 the applicant has fulfilled all of the following:

37 (a) The applicant has become a registered nurse licensed to  
38 practice in California.

39 (b) The applicant is working full time as a clinical registered  
40 nurse in a state veterans' home that employs registered nurses.

1 (c) The applicant has met the requirements of the agreement  
2 and all other pertinent conditions of this article.

3 70132. The terms of a loan assumption granted under this  
4 article shall be as follows, subject to the specific terms of each  
5 agreement:

6 (a) After a program participant has completed one year of  
7 full-time employment as described in subdivision (b) of Section  
8 70131, the commission shall assume up to five thousand dollars  
9 (\$5,000) of the participant's outstanding liability under one or  
10 more of the designated loan programs.

11 (b) After a program participant has completed two years of  
12 full-time employment as described in subdivision (b) of Section  
13 70131, the commission shall assume up to an additional five  
14 thousand dollars (\$5,000) of the participant's outstanding liability  
15 under one or more of the designated loan programs, for a total loan  
16 assumption of up to ten thousand dollars (\$10,000).

17 (c) After a program participant has completed three years of  
18 full-time employment as described in subdivision (b) of Section  
19 70131, the commission shall assume up to an additional five  
20 thousand dollars (\$5,000) of the participant's outstanding liability  
21 under one or more of the designated loan programs, for a total loan  
22 assumption of up to fifteen thousand dollars (\$15,000).

23 (d) After a program participant has completed four years of  
24 full-time employment as described in subdivision (b) of Section  
25 70131, the commission shall assume up to an additional five  
26 thousand dollars (\$5,000) of the participant's outstanding liability  
27 under one or more of the designated loan programs, for a total loan  
28 assumption of up to twenty thousand dollars (\$20,000).

29 70133. (a) Except as provided in subdivision (b), if a program  
30 participant fails to complete a minimum of four consecutive years  
31 of full-time employment as required by this article, under the terms  
32 of the agreement pursuant to paragraph (5) of subdivision (b) of  
33 Section 70130, the participant shall retain full liability for all  
34 student loan obligations remaining after the commission's  
35 assumption of loan liability for the last year of qualifying clinical  
36 registered nursing service pursuant to Section 70132.

37 (b) Notwithstanding subdivision (a), if a program participant  
38 becomes unable to complete one of the four consecutive years of  
39 qualifying clinical registered nursing service due to serious illness,  
40 pregnancy, or other natural causes, the term of the loan assumption

1 agreement shall be extended for a period not to exceed one year.  
2 The commission shall make no further payments under the loan  
3 assumption agreement until the applicable work requirements as  
4 specified in Section 70131 have been satisfied.

5 (c) If a natural disaster prevents a program participant from  
6 completing one of the required years of work due to the interruption  
7 of employment at the employing state veterans' home, the term of  
8 the loan assumption agreement shall be extended for the period of  
9 time equal to the period from the interruption of employment at  
10 the employing state veterans' home until the resumption of  
11 employment. The commission shall make no further payments  
12 under the loan assumption agreement until the applicable  
13 employment requirements specified in Section 70131 have been  
14 satisfied.

15 70134. (a) The commission shall administer this article, and  
16 shall adopt rules and regulations for that purpose. The rules and  
17 regulations shall include, but need not be limited to, provisions  
18 regarding the period of time during which an agreement shall  
19 remain valid, the reallocation of resources in light of agreements  
20 that are not used by program participants, the failure, for any  
21 reason, of a program participant to complete a minimum of four  
22 consecutive years of qualifying clinical registered nursing service,  
23 and the development of projections for funding purposes.

24 (b) If a provision is added to this article and the commission  
25 deems it necessary to adopt a rule or regulation to implement that  
26 provision, the commission shall develop and adopt that rule or  
27 regulation no later than six months after the operative date of the  
28 statute that adds the provision.

29 70135. On or before January 31, 2015, and on or before each  
30 January 31 thereafter until, and including, January 31, 2019, the  
31 commission shall report annually to the Legislature regarding both  
32 of the following, on the basis of sex, age, and ethnicity:

33 (a) The total number of program participants and the type of  
34 program of professional preparation they are attending or have  
35 attended.

36 (b) The numbers of participants who complete one, two, three,  
37 or four years of qualifying clinical registered nursing service,  
38 respectively.

39 70136. On or before May 1, 2018, the Office of the Legislative  
40 Analyst shall submit a report to the Legislature that includes the

1 findings and recommendations of the Legislative Analyst with  
2 respect to the efficacy of the program established by this article.

3 70137. Reports pursuant to Sections 70135 and 70136 shall be  
4 submitted pursuant to Section 9795 of the Government Code.

5 70138. In selecting applicants for participation in this program,  
6 the commission shall grant priority to applicants who, in the  
7 determination of the commission, are included in any of the  
8 following categories:

9 (a) Persons who possess a baccalaureate degree at the time of  
10 initial application.

11 (b) Persons who are enrolled in an accelerated program of  
12 professional preparation for licensing as a registered nurse in  
13 California.

14 (c) Persons who are recipients of federally subsidized student  
15 loans or other need-based student loans.

16 70139. Notwithstanding any other law, in any fiscal year, the  
17 commission shall award no more than the number of warrants that  
18 are authorized in the annual Budget Act for that fiscal year for the  
19 assumption of loans pursuant to this article.

20 70140. This article shall become inoperative on July 1, 2019,  
21 and, as of January 1, 2020, is repealed, unless a later enacted  
22 statute, that becomes operative on or before January 1, 2020,  
23 deletes or extends the dates on which it becomes inoperative and  
24 is repealed.





**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Blumenfield	<b>BILL NUMBER:</b>	AB 705
<b>SPONSOR:</b>	Blumenfield	<b>BILL STATUS:</b>	Committee on Appropriations
<b>SUBJECT:</b>	Combat to Care Act	<b>DATE LAST AMENDED:</b>	4/23/13

**SUMMARY:**

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs.

**ANALYSIS:**

This bill would provide that this act shall be known, and may be cited as, the Combat to Care Act and would make various legislative findings and declarations, including that California recognizes that military service members gain skill and experience while serving the country that, upon discharge, can be translated to the civilian world.

**AMENDED ANALYSIS as of 3/19:**

The bill would require the Board of Registered Nursing to adopt regulations that identify the Armed Forces coursework, training, and experience that is equivalent or transferable to coursework required for licensure by the board. This bill would require the board, after evaluating a military applicant's education and training, to provide the applicant with a list of the coursework he or she must still complete to be eligible for licensure.

**AMENDED ANALYSIS as of 4/3:**

The bill would require the Board of Registered Nursing to adopt regulations that identify the Armed Forces coursework *education*, training, and experience that is equivalent or transferable to coursework required for licensure by the board. This bill would require the board, after evaluating a military applicant's education and training *education, training, and experience*, to provide the applicant with a list of the coursework he or she must still complete to be eligible for licensure.

**AMENDED ANALYSIS as of 4/23:**

The bill would require the Board of Registered Nursing, *by regulation and in conjunction with the Military Department*, to identify the Armed Forces education, training, *or* experience that is equivalent or transferable to *the curriculum* required for licensure by the board. *The* bill would require the board, after evaluating a military applicant's education, training, *or* experience, to provide the applicant with a list of the coursework, *if any*, he or she must still complete to be eligible for licensure *and to grant the applicant, if he or she meets specified criteria, a license upon passing the standard examination. The bill would require the board to attempt to contact military*

*service members who may meet the bill's criteria and would authorize the board to enter into an agreement with the federal government in that regard. The bill would require the board to maintain records of applicants, as specified.*

**BOARD POSITION:** Oppose unless amended (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Association of County Veterans Service Officers  
Vietnam Veterans of America - California State Council

**OPPOSE:**

American Nurses Association- California  
California Nurses Association

AMENDED IN ASSEMBLY APRIL 23, 2013

AMENDED IN ASSEMBLY APRIL 3, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## **ASSEMBLY BILL**

**No. 705**

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**Introduced by Assembly Member Blumenfield**  
***(Coauthors: Assembly Members Eggman, Fox, and Logue)***

February 21, 2013

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An act to amend Section 2736.5 of the Business and Professions Code, relating to healing arts.

### LEGISLATIVE COUNSEL'S DIGEST

AB 705, as amended, Blumenfield. Combat to Care Act.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires boards within the department to adopt rules and regulations to provide for methods of evaluating education, training, and experience obtained in the armed services, if applicable to the requirements of the business, occupation, or profession regulated, and to specify how this education, training, and experience may be used to meet the licensure requirements for the particular business, occupation, or profession regulated. Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses by the Board of Registered Nursing.

Existing law requires applicants for licensure as a registered nurse to meet certain educational requirements, to have completed specified courses of instruction, and to not be subject to denial of licensure under specified circumstances. Existing law authorizes applicants who have

served on active duty in the medical corps in the United States Armed Forces to submit a record of specified training to the board for evaluation in order to satisfy the courses of instruction requirement. Under existing law, if the applicant satisfies the other general licensure requirements and if the board determines that his or her education establishes competency to practice registered nursing, the applicant shall be granted a license upon passing a certain examination.

This bill would provide that this act shall be known, and may be cited, as the Combat to Care Act and would make various legislative findings and declarations, including that California recognizes that military service members gain skill and experience while serving the country that, upon discharge, can be translated to the civilian world. The bill would require the Board of Registered Nursing ~~to adopt regulations that, by regulation and in conjunction with the Military Department, to identify the Armed Forces education, training, and or experience that is equivalent or transferable to coursework the curriculum required for licensure by the board.~~ ~~This~~ The bill would require the board, after evaluating a military applicant's education, training, ~~and or~~ experience, to provide the applicant with a list of the coursework, *if any*, he or she must still complete to be eligible for licensure *and to grant the applicant, if he or she meets specified criteria, a license upon passing the standard examination. The bill would require the board to attempt to contact military service members who may meet the bill's criteria and would authorize the board to enter into an agreement with the federal government in that regard. The bill would require the board to maintain records of applicants, as specified.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. This act shall be known, and may be cited, as the
- 2 Combat to Care Act.
- 3 SEC. 2. The Legislature finds and declares all of the following:
- 4 (a) President Barack Obama signed the Veteran Skills to Jobs
- 5 Act, authored by former California State Senator Jeff Denham,
- 6 which directs federal licensing authorities to consider and accept
- 7 military experience and training for the purposes of satisfying the
- 8 requirements for licensure.

1 (b) In signing the Veterans Skills to Jobs Act, President Obama  
2 declared that “No veteran who fought for our nation overseas  
3 should have to fight for a job when they return home.”

4 (c) The Institute for Veterans and Military Families at Syracuse  
5 University found that, since 2001, more than 2.8 million military  
6 personnel have made the transition from military to civilian life  
7 and another one million service members will make this transition  
8 over the next five years.

9 (d) California is home to the largest veteran population in the  
10 country, with approximately 2 million veterans, and is expected  
11 to welcome home 30,000 more annually.

12 (e) California recognizes that military service members gain  
13 skills and experience while serving our country that, upon  
14 discharge, can be translated to the civilian world.

15 (f) Last year the Governor signed into law Assembly Bill 2659  
16 (Ch. 406, Stats. 2012) to help veterans with military commercial  
17 motor vehicle driving experience transfer those skills into civilian  
18 life. This act is part of California’s ongoing effort to streamline  
19 veterans into viable careers after military service.

20 SEC. 3. Section 2736.5 of the Business and Professions Code  
21 is amended to read:

22 2736.5. (a) Any person who has served on active duty in the  
23 medical corps of any of the Armed Forces of the United States and  
24 who has successfully completed the course of education, training,  
25 ~~and~~ *or* experience required to qualify him or her for rating as a  
26 medical service technician—independent duty, or other equivalent  
27 rating in his or her particular branch of the Armed Forces, and  
28 whose service in the Armed Forces has been under honorable  
29 conditions, may submit the record of that education, training, ~~and~~  
30 *or* experience to the board for evaluation ~~towards~~ *toward* licensure.

31 (b) After making an evaluation pursuant to subdivision (a), the  
32 board shall provide an applicant with a list of coursework, if any,  
33 that the applicant must complete to be eligible for licensure.

34 (c) If an applicant meets the qualifications of subdivision (a)  
35 and paragraphs (1) and (3) of subdivision (a) of Section 2736, and  
36 if the board determines that his or her education, training, ~~and~~ *or*  
37 experience would give reasonable assurance of competence to  
38 practice as a registered nurse in this state, he or she shall be granted  
39 a license upon passing the standard examination for licensure.

1 (d) The board shall, by regulation, establish criteria for  
2 evaluating the education, training, ~~and or~~ experience of applicants  
3 under this section.

4 (e) On or before January 1, 2015, the board shall, by regulation  
5 *and in conjunction with the Military Department*, identify the  
6 Armed Forces education, training, ~~and or~~ experience that is  
7 equivalent or transferable to ~~coursework~~ *the curriculum* required  
8 for licensure by the board.

9 (f) The board shall maintain records of the following categories  
10 of applicants under this section:

11 (1) Applicants who are rejected for examination and the areas  
12 of those applicants' preparation that are the causes of rejection.

13 (2) Applicants who are qualified by their military education,  
14 training, ~~and or~~ experience alone to take the examination, and the  
15 results of their examinations.

16 (3) Applicants who are qualified to take the examination by  
17 their military education, training, ~~and or~~ experience plus  
18 supplementary education, and the results of their examinations.

19 (g) The board shall attempt to contact by mail or other means  
20 individuals meeting the requirements of subdivision (a) who have  
21 been or will be discharged or separated from the Armed Forces of  
22 the United States, in order to inform them of the application  
23 procedure provided by this section. The board may enter into an  
24 agreement with the federal government in order to secure the names  
25 and addresses of those individuals.





**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Gomez	<b>BILL NUMBER:</b>	AB 790
<b>SPONSOR:</b>	Gomez	<b>BILL STATUS:</b>	Assembly, Third Reading
<b>SUBJECT:</b>	Child abuse: reporting	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

The Child Abuse and Neglect Reporting Act requires a mandated reporter, as defined, to make a report to a specified agency whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect.

Existing law further requires the mandated reporter to make an initial report by telephone to the agency immediately or as soon as is practicably possible, and to prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident.

Existing law additionally provides that, when 2 or more mandated reporters have joint knowledge of suspected child abuse or neglect, they may select a member of the team by mutual agreement to make and sign a single report. Any member who has knowledge that the member designated to report has failed to do so is required to thereafter make the report.

**ANALYSIS:**

This bill would delete these latter provisions, thus requiring every mandated reporter who has knowledge of suspected child abuse or neglect to make a report, as specified.

**BOARD POSITION:** Support (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

American Federation of State, County and Municipal Employees  
California Police Chiefs Association  
County Welfare Directors Association of California

**OPPOSE:**

California Public Defenders Association  
California Association of Marriage and Family Therapists

**ASSEMBLY BILL**

**No. 790**

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**Introduced by Assembly Member Gomez**

February 21, 2013

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An act to amend Section 11166 of the Penal Code, relating to child abuse.

LEGISLATIVE COUNSEL'S DIGEST

AB 790, as introduced, Gomez. Child abuse: reporting.

The Child Abuse and Neglect Reporting Act requires a mandated reporter, as defined, to make a report to a specified agency whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. Existing law further requires the mandated reporter to make an initial report by telephone to the agency immediately or as soon as is practicably possible, and to prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident.

Existing law additionally provides that, when 2 or more mandated reporters have joint knowledge of suspected child abuse or neglect, they may select a member of the team by mutual agreement to make and sign a single report. Any member who has knowledge that the member designated to report has failed to do so is required to thereafter make the report.

This bill would delete these latter provisions, thus requiring every mandated reporter who has knowledge of suspected child abuse or neglect to make a report, as specified.

Because this bill would expand the definition of a crime, it would impose a state-mandated program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 11166 of the Penal Code is amended to  
2 read:

3 11166. (a) Except as provided in subdivision (d), and in  
4 Section 11166.05, a mandated reporter shall make a report to an  
5 agency specified in Section 11165.9 whenever the mandated  
6 reporter, in his or her professional capacity or within the scope of  
7 his or her employment, has knowledge of or observes a child whom  
8 the mandated reporter knows or reasonably suspects has been the  
9 victim of child abuse or neglect. The mandated reporter shall make  
10 an initial report by telephone to the agency immediately or as soon  
11 as is practicably possible, and shall prepare and send, fax, or  
12 electronically transmit a written followup report within 36 hours  
13 of receiving the information concerning the incident. The mandated  
14 reporter may include with the report any nonprivileged  
15 documentary evidence the mandated reporter possesses relating  
16 to the incident.

17 (1) For purposes of this article, “reasonable suspicion” means  
18 that it is objectively reasonable for a person to entertain a suspicion,  
19 based upon facts that could cause a reasonable person in a like  
20 position, drawing, when appropriate, on his or her training and  
21 experience, to suspect child abuse or neglect. “Reasonable  
22 suspicion” does not require certainty that child abuse or neglect  
23 has occurred nor does it require a specific medical indication of  
24 child abuse or neglect; any “reasonable suspicion” is sufficient.  
25 For purposes of this article, the pregnancy of a minor does not, in  
26 and of itself, constitute a basis for a reasonable suspicion of sexual  
27 abuse.

1 (2) The agency shall be notified and a report shall be prepared  
2 and sent, faxed, or electronically transmitted even if the child has  
3 expired, regardless of whether or not the possible abuse was a  
4 factor contributing to the death, and even if suspected child abuse  
5 was discovered during an autopsy.

6 (3) Any report made by a mandated reporter pursuant to this  
7 section shall be known as a mandated report.

8 (b) If after reasonable efforts a mandated reporter is unable to  
9 submit an initial report by telephone, he or she shall immediately  
10 or as soon as is practicably possible, by fax or electronic  
11 transmission, make a one-time automated written report on the  
12 form prescribed by the Department of Justice, and shall also be  
13 available to respond to a telephone followup call by the agency  
14 with which he or she filed the report. A mandated reporter who  
15 files a one-time automated written report because he or she was  
16 unable to submit an initial report by telephone is not required to  
17 submit a written followup report.

18 (1) The one-time automated written report form prescribed by  
19 the Department of Justice shall be clearly identifiable so that it is  
20 not mistaken for a standard written followup report. In addition,  
21 the automated one-time report shall contain a section that allows  
22 the mandated reporter to state the reason the initial telephone call  
23 was not able to be completed. The reason for the submission of  
24 the one-time automated written report in lieu of the procedure  
25 prescribed in subdivision (a) shall be captured in the Child Welfare  
26 Services/Case Management System (CWS/CMS). The department  
27 shall work with stakeholders to modify reporting forms and the  
28 CWS/CMS as is necessary to accommodate the changes enacted  
29 by these provisions.

30 (2) This subdivision shall not become operative until the  
31 CWS/CMS is updated to capture the information prescribed in this  
32 subdivision.

33 (3) This subdivision shall become inoperative three years after  
34 this subdivision becomes operative or on January 1, 2009,  
35 whichever occurs first.

36 (4) On the inoperative date of these provisions, a report shall  
37 be submitted to the counties and the Legislature by the State  
38 Department of Social Services that reflects the data collected from  
39 automated one-time reports indicating the reasons stated as to why

1 the automated one-time report was filed in lieu of the initial  
2 telephone report.

3 (5) Nothing in this section shall supersede the requirement that  
4 a mandated reporter first attempt to make a report via telephone,  
5 or that agencies specified in Section 11165.9 accept reports from  
6 mandated reporters and other persons as required.

7 (c) Any mandated reporter who fails to report an incident of  
8 known or reasonably suspected child abuse or neglect as required  
9 by this section is guilty of a misdemeanor punishable by up to six  
10 months confinement in a county jail or by a fine of one thousand  
11 dollars (\$1,000) or by both that imprisonment and fine. If a  
12 mandated reporter intentionally conceals his or her failure to report  
13 an incident known by the mandated reporter to be abuse or severe  
14 neglect under this section, the failure to report is a continuing  
15 offense until an agency specified in Section 11165.9 discovers the  
16 offense.

17 (d) (1) A clergy member who acquires knowledge or a  
18 reasonable suspicion of child abuse or neglect during a penitential  
19 communication is not subject to subdivision (a). For the purposes  
20 of this subdivision, “penitential communication” means a  
21 communication, intended to be in confidence, including, but not  
22 limited to, a sacramental confession, made to a clergy member  
23 who, in the course of the discipline or practice of his or her church,  
24 denomination, or organization, is authorized or accustomed to hear  
25 those communications, and under the discipline, tenets, customs,  
26 or practices of his or her church, denomination, or organization,  
27 has a duty to keep those communications secret.

28 (2) Nothing in this subdivision shall be construed to modify or  
29 limit a clergy member’s duty to report known or suspected child  
30 abuse or neglect when the clergy member is acting in some other  
31 capacity that would otherwise make the clergy member a mandated  
32 reporter.

33 (3) (A) On or before January 1, 2004, a clergy member or any  
34 custodian of records for the clergy member may report to an agency  
35 specified in Section 11165.9 that the clergy member or any  
36 custodian of records for the clergy member, prior to January 1,  
37 1997, in his or her professional capacity or within the scope of his  
38 or her employment, other than during a penitential communication,  
39 acquired knowledge or had a reasonable suspicion that a child had  
40 been the victim of sexual abuse that the clergy member or any

1 custodian of records for the clergy member did not previously  
2 report the abuse to an agency specified in Section 11165.9. The  
3 provisions of Section 11172 shall apply to all reports made pursuant  
4 to this paragraph.

5 (B) This paragraph shall apply even if the victim of the known  
6 or suspected abuse has reached the age of majority by the time the  
7 required report is made.

8 (C) The local law enforcement agency shall have jurisdiction  
9 to investigate any report of child abuse made pursuant to this  
10 paragraph even if the report is made after the victim has reached  
11 the age of majority.

12 (e) (1) Any commercial film, photographic print, or image  
13 processor who has knowledge of or observes, within the scope of  
14 his or her professional capacity or employment, any film,  
15 photograph, videotape, negative, slide, or any representation of  
16 information, data, or an image, including, but not limited to, any  
17 film, filmstrip, photograph, negative, slide, photocopy, videotape,  
18 video laser disc, computer hardware, computer software, computer  
19 floppy disk, data storage medium, CD-ROM, computer-generated  
20 equipment, or computer-generated image depicting a child under  
21 16 years of age engaged in an act of sexual conduct, shall  
22 immediately, or as soon as practically possible, telephonically  
23 report the instance of suspected abuse to the law enforcement  
24 agency located in the county in which the images are seen. Within  
25 36 hours of receiving the information concerning the incident, the  
26 reporter shall prepare and send, fax, or electronically transmit a  
27 written followup report of the incident with a copy of the image  
28 or material attached.

29 (2) Any commercial computer technician who has knowledge  
30 of or observes, within the scope of his or her professional capacity  
31 or employment, any representation of information, data, or an  
32 image, including, but not limited, to any computer hardware,  
33 computer software, computer file, computer floppy disk, data  
34 storage medium, CD-ROM, computer-generated equipment, or  
35 computer-generated image that is retrievable in perceivable form  
36 and that is intentionally saved, transmitted, or organized on an  
37 electronic medium, depicting a child under 16 years of age engaged  
38 in an act of sexual conduct, shall immediately, or as soon as  
39 practicably possible, telephonically report the instance of suspected  
40 abuse to the law enforcement agency located in the county in which

1 the images or material are seen. As soon as practicably possible  
2 after receiving the information concerning the incident, the reporter  
3 shall prepare and send, fax, or electronically transmit a written  
4 followup report of the incident with a brief description of the  
5 images or materials.

6 (3) For purposes of this article, “commercial computer  
7 technician” includes an employee designated by an employer to  
8 receive reports pursuant to an established reporting process  
9 authorized by subparagraph (B) of paragraph (41) of subdivision  
10 (a) of Section 11165.7.

11 (4) As used in this subdivision, “electronic medium” includes,  
12 but is not limited to, a recording, CD-ROM, magnetic disk memory,  
13 magnetic tape memory, CD, DVD, thumbdrive, or any other  
14 computer hardware or media.

15 (5) As used in this subdivision, “sexual conduct” means any of  
16 the following:

17 (A) Sexual intercourse, including genital-genital, oral-genital,  
18 anal-genital, or oral-anal, whether between persons of the same or  
19 opposite sex or between humans and animals.

20 (B) Penetration of the vagina or rectum by any object.

21 (C) Masturbation for the purpose of sexual stimulation of the  
22 viewer.

23 (D) Sadomasochistic abuse for the purpose of sexual stimulation  
24 of the viewer.

25 (E) Exhibition of the genitals, pubic, or rectal areas of any  
26 person for the purpose of sexual stimulation of the viewer.

27 (f) Any mandated reporter who knows or reasonably suspects  
28 that the home or institution in which a child resides is unsuitable  
29 for the child because of abuse or neglect of the child shall bring  
30 the condition to the attention of the agency to which, and at the  
31 same time as, he or she makes a report of the abuse or neglect  
32 pursuant to subdivision (a).

33 (g) Any other person who has knowledge of or observes a child  
34 whom he or she knows or reasonably suspects has been a victim  
35 of child abuse or neglect may report the known or suspected  
36 instance of child abuse or neglect to an agency specified in Section  
37 11165.9. For purposes of this section, “any other person” includes  
38 a mandated reporter who acts in his or her private capacity and  
39 not in his or her professional capacity or within the scope of his  
40 or her employment.

~~(h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.~~

~~(i)~~

(h) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

~~(j)~~

(i) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information



1 concerning the incident to any agency to which it makes a  
2 telephone report under this subdivision.

3 ~~(k)~~

4 (j) A law enforcement agency shall immediately, or as soon as  
5 practicably possible, report by telephone, fax, or electronic  
6 transmission to the agency given responsibility for investigation  
7 of cases under Section 300 of the Welfare and Institutions Code  
8 and to the district attorney's office every known or suspected  
9 instance of child abuse or neglect reported to it, except acts or  
10 omissions coming within subdivision (b) of Section 11165.2, which  
11 shall be reported only to the county welfare or probation  
12 department. A law enforcement agency shall report to the county  
13 welfare or probation department every known or suspected instance  
14 of child abuse or neglect reported to it which is alleged to have  
15 occurred as a result of the action of a person responsible for the  
16 child's welfare, or as the result of the failure of a person responsible  
17 for the child's welfare to adequately protect the minor from abuse  
18 when the person responsible for the child's welfare knew or  
19 reasonably should have known that the minor was in danger of  
20 abuse. A law enforcement agency also shall send, fax, or  
21 electronically transmit a written report thereof within 36 hours of  
22 receiving the information concerning the incident to any agency  
23 to which it makes a telephone report under this subdivision.

24 SEC. 2. No reimbursement is required by this act pursuant to  
25 Section 6 of Article XIII B of the California Constitution because  
26 the only costs that may be incurred by a local agency or school  
27 district will be incurred because this act creates a new crime or  
28 infraction, eliminates a crime or infraction, or changes the penalty  
29 for a crime or infraction, within the meaning of Section 17556 of  
30 the Government Code, or changes the definition of a crime within  
31 the meaning of Section 6 of Article XIII B of the California  
32 Constitution.



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Gomez	<b>BILL NUMBER:</b>	AB 859
<b>SPONSOR:</b>		<b>BILL STATUS:</b>	Introduced
<b>SUBJECT:</b>	Professions and vocations: military medical personnel	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

**ANALYSIS:**

This bill would state the intent of the Legislature to enact legislation that would promote and pursue programmatic changes to nursing and paramedic licensure requirements for California's military medical personnel in order to recognize the talent, skills, and training of these military medical personnel.

**BOARD POSITION:** Watch (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

**OPPOSE:**

**ASSEMBLY BILL**

**No. 859**

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**Introduced by Assembly Member Gomez**

February 21, 2013

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An act relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 859, as introduced, Gomez. Professions and vocations: military medical personnel.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

This bill would state the intent of the Legislature to enact legislation that would promote and pursue programmatic changes to nursing and paramedic licensure requirements for California's military medical personnel in order to recognize the talent, skills, and training of these military medical personnel.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. It is the intent of the Legislature to enact
- 2 legislation that would promote and pursue programmatic changes
- 3 to nursing and paramedic licensure requirements for California's
- 4 military medical personnel in order to recognize the talent, skills,
- 5 and training of these military medical personnel.

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**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Gomez	<b>BILL NUMBER:</b>	AB 1017
<b>SPONSOR:</b>		<b>BILL STATUS:</b>	Committee on Business, Professions and Consumer Protection
<b>SUBJECT:</b>	Incoming telephone calls: messages	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

Existing law requires each state agency to establish a procedure pursuant to which incoming telephone calls on any public line are answered within 10 rings during regular business hours, except as specified. For purposes of this provision, "state agency" includes every state office, officer, department, division, bureau, board, and commission.

**ANALYSIS:**

This bill would require, in addition, that the procedure established by the state agency enable a caller to leave a message, as specified, and that the message be returned within 3 business days, or 72 hours, whichever is earlier.

**BOARD POSITION:** Watch (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

**OPPOSE:**

**ASSEMBLY BILL**

**No. 1017**

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**Introduced by Assembly Member Gomez**

February 22, 2013

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An act to amend Section 11022 of the Government Code, relating to state agencies.

LEGISLATIVE COUNSEL'S DIGEST

AB 1017, as introduced, Gomez. Incoming telephone calls: messages.

Existing law requires each state agency to establish a procedure pursuant to which incoming telephone calls on any public line are answered within 10 rings during regular business hours, except as specified. For purposes of this provision, "state agency" includes every state office, officer, department, division, bureau, board, and commission.

This bill would require, in addition, that the procedure established by the state agency enable a caller to leave a message, as specified, and that the message be returned within 3 business days, or 72 hours, whichever is earlier.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 11022 of the Government Code is
- 2 amended to read:
- 3 11022. Each state agency shall establish a procedure pursuant
- 4 to which incoming telephone calls on any public line shall be
- 5 answered within 10 rings during regular business hours as set forth

1 in Section 11020, except where emergency or illness require  
2 adjustments to normal staffing levels. This requirement shall be  
3 met in every office where staff is available, unless compliance  
4 would require overtime or compensating time off. *This procedure*  
5 *also shall enable a caller to leave a message, either*  
6 *person-to-person, or via voice mail or other method of 24-hour*  
7 *telecommunications. Each call shall be returned within three*  
8 *business days or 72 hours after the message is left, whichever is*  
9 *earlier.*

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**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Medina	<b>BILL NUMBER:</b>	AB 1057
<b>SPONSOR:</b>	Medina	<b>BILL STATUS:</b>	Assembly Consent Calendar
<b>SUBJECT:</b>	Professions and vocations: licenses: military service	<b>DATE LAST AMENDED:</b>	4/9/13

**SUMMARY:**

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

**ANALYSIS:**

This bill would require each board to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

**AMENDED ANALYSIS as of 4/9:**

This bill would require each board, *commencing January 1, 2015*, to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

**BOARD POSITION:** Support if amended (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:** None noted

**OPPOSE:** None noted

AMENDED IN ASSEMBLY APRIL 9, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1057**

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**Introduced by Assembly Member Medina**

February 22, 2013

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An act to add Section 114.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1057, as amended, Medina. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

This bill would require each board, *commencing January 1, 2015*, to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. Section 114.5 is added to the Business and
- 2     Professions Code, to read:
- 3     114.5. ~~Each~~ *Commencing January 1, 2015, each* board shall
- 4     inquire in every application for licensure if the applicant is serving
- 5     in, or has previously served in, the military.

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**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Hernandez, E.	<b>BILL NUMBER:</b>	SB 271
<b>SPONSOR:</b>	Hernandez, E.	<b>BILL STATUS:</b>	Committee on Appropriations Suspense File
<b>SUBJECT:</b>	Associate Degree Nursing Scholarship Program	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

Existing law establishes, until January 1, 2014, the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program in the Office of Statewide Health Planning and Development to provide scholarships to students, in accordance with prescribed requirements, in counties determined to have the most need. Existing law provides that the program be funded from the Registered Nurse Education Fund, administered by the Health Professions Education Foundation within the office.

**ANALYSIS:**

This bill would extend the operation of this program indefinitely and would make related changes.

**BOARD POSITION:** Support (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Hospital Association  
California Nurses Association  
California Optometric Association  
United Nurses Association of California/Union of  
Health Care Professionals

**OPPOSE:** None to date

**Introduced by Senator Hernandez**

February 14, 2013

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An act to amend Section 128401 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 271, as introduced, Hernandez. Associate Degree Nursing Scholarship Program.

Existing law establishes, until January 1, 2014, the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program in the Office of Statewide Health Planning and Development to provide scholarships to students, in accordance with prescribed requirements, in counties determined to have the most need. Existing law provides that the program be funded from the Registered Nurse Education Fund, administered by the Health Professions Education Foundation within the office.

This bill would extend the operation of this program indefinitely and would make related changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 128401 of the Health and Safety Code
- 2 is amended to read:
- 3 128401. (a) The Office of Statewide Health Planning and
- 4 Development shall adopt regulations establishing the statewide
- 5 Associate Degree Nursing (A.D.N.) Scholarship ~~Pilot~~ Program.

1 (b) Scholarships under the ~~pilot~~ program shall be available only  
2 to students in counties determined to have the most need. Need in  
3 a county shall be established based on consideration of all the  
4 following factors:

5 (1) Counties with a registered nurse-to-population ratio equal  
6 or less than 500 registered nurses per 100,000 individuals.

7 (2) County unemployment rate.

8 (3) County level of poverty.

9 (c) A scholarship recipient shall be required to complete, at a  
10 minimum, an associate degree in nursing and work in a medically  
11 underserved area in California upon obtaining his or her license  
12 from the Board of Registered Nursing.

13 (d) The Health Professions Education Foundation shall consider  
14 the following factors when selecting recipients for the A.D.N.  
15 Scholarship ~~Pilot~~ Program:

16 (1) An applicant's economic need, as established by the federal  
17 poverty index.

18 (2) Applicants who demonstrate cultural and linguistic skills  
19 and abilities.

20 (e) The ~~pilot~~ program shall be funded from the Registered Nurse  
21 Education Fund established pursuant to Section 128400 and  
22 administered by the Health Professions Education Foundation  
23 within the office. The Health Professions Education Foundation  
24 shall allocate a portion of the moneys in the fund for the ~~pilot~~  
25 program established pursuant to this section, in addition to moneys  
26 otherwise allocated pursuant to this article for scholarships and  
27 loans for associate degree nursing students.

28 (f) No additional staff or General Fund operating costs shall be  
29 expended for the ~~pilot~~ program.

30 (g) The Health Professions Education Foundation may accept  
31 private or federal funds for purposes of the A.D.N. Scholarship  
32 ~~Pilot~~ Program.

33 ~~(h) This section shall remain in effect only until January 1, 2014,~~  
34 ~~and as of that date is repealed, unless a later enacted statute, that~~  
35 ~~is enacted before January 1, 2014, deletes or extends that date.~~





**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Pavley	<b>BILL NUMBER:</b>	SB 352
<b>SPONSOR:</b>	California Academy of Physician Assistants; California Association of Physician Groups	<b>BILL STATUS:</b>	Assembly
<b>SUBJECT:</b>	Medical assistants: supervision	<b>DATE LAST AMENDED:</b>	4/10/13

**SUMMARY:**

Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife.

**ANALYSIS:**

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. The bill would also delete several obsolete references and make other technical, nonsubstantive changes.

**AMENDED ANALYSIS as of 4/10:**

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or *certified* nurse-midwife. The bill would also delete several obsolete references and make other *conforming*, technical, and nonsubstantive changes.

**BOARD POSITION:** Oppose (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Academy of Physician Assistants (co-source)  
California Association of Physician Groups (co-source)  
California Academy of Family Physicians  
California Association for Nurse Practitioners  
California Optometric Association  
United Nurses Associations of California/Union of Health Care Professionals

**OPPOSE:**  
California Nurses Association

AMENDED IN SENATE APRIL 10, 2013

**SENATE BILL**

**No. 352**

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**Introduced by Senator Pavley  
(Principal coauthor: Senator Hernandez)**

February 20, 2013

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An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 352, as amended, Pavley. Medical assistants: supervision.

Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. *Existing law requires the Board of Registered Nursing to issue a certificate to practice nurse-midwifery to a qualifying applicant who is licensed pursuant to the Nursing Practice Act.*

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or *certified* nurse-midwife. The bill would also delete several obsolete references and make other *conforming*, technical, and nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     *SECTION 1. Section 2069 of the Business and Professions*  
2     *Code is amended to read:*

3     2069. (a) (1) Notwithstanding any other ~~provision of law~~, a  
4     medical assistant may administer medication only by intradermal,  
5     subcutaneous, or intramuscular injections and perform skin tests  
6     and additional technical supportive services upon the specific  
7     authorization and supervision of a licensed physician and surgeon  
8     or a licensed podiatrist. A medical assistant may also perform all  
9     these tasks and services ~~in a clinic licensed pursuant to subdivision~~  
10    ~~(a) of Section 1204 of the Health and Safety Code~~ upon the specific  
11    authorization of a physician assistant, a nurse practitioner, or a  
12    *certified* nurse-midwife.

13    (2) The supervising physician and surgeon ~~at a clinic described~~  
14    ~~in paragraph (1)~~ may, at his or her discretion, in consultation with  
15    the nurse practitioner, *certified* nurse-midwife, or physician  
16    assistant, provide written instructions to be followed by a medical  
17    assistant in the performance of tasks or supportive services. These  
18    written instructions may provide that the supervisory function for  
19    the medical assistant for these tasks or supportive services may be  
20    delegated to the nurse practitioner, *certified* nurse-midwife, or  
21    physician assistant within the standardized procedures or protocol,  
22    and that tasks may be performed when the supervising physician  
23    and surgeon is not onsite, ~~so long as if either of the following apply:~~

24    (A) The nurse practitioner or *certified* nurse-midwife is  
25    functioning pursuant to standardized procedures, as defined by  
26    Section 2725, or protocol. The standardized procedures or protocol  
27    shall be developed and approved by the supervising physician and  
28    ~~surgeon, surgeon and~~ the nurse practitioner or *certified*  
29    nurse-midwife, ~~and the facility administrator or his or her designee.~~

30    (B) The physician assistant is functioning pursuant to regulated  
31    services defined in Section 3502 and is approved to do so by the  
32    supervising physician ~~or and~~ surgeon.

33    (b) As used in this section and Sections 2070 and 2071, the  
34    following definitions ~~shall~~ apply:

35    (1) “Medical assistant” means a person who may be unlicensed,  
36    who performs basic administrative, clerical, and technical  
37    supportive services in compliance with this section and Section  
38    2070 for a licensed physician and surgeon or a licensed podiatrist,

or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a *certified* nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the ~~Division of Licensing~~ board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) “Specific authorization” means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the *certified* nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient’s medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the *certified* nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient’s medical record.

(3) “Supervision” means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

(C) A physician assistant, nurse practitioner, or *certified* nurse-midwife as provided in subdivision (a).

(4) “Technical supportive services” means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a *certified* nurse-midwife as provided in subdivision (a).

(c) Nothing in this section shall be construed as authorizing the any of the following:

1 (1) *The licensure of medical assistants.* ~~Nothing in this section~~  
2 ~~shall be construed as authorizing the~~

3 (2) *The administration of local anesthetic agents by a medical*  
4 *assistant.* ~~Nothing in this section shall be construed as authorizing~~  
5 ~~the division to~~

6 (3) *The board to adopt any regulations that violate the*  
7 *prohibitions on diagnosis or treatment in Section 2052.*

8 (4) *A medical assistant to perform any clinical laboratory test*  
9 *or examination for which he or she is not authorized by Chapter*  
10 *3 (commencing with Section 1200).*

11 (5) *A nurse practitioner, certified nurse-midwife, or physician*  
12 *assistant to be a laboratory director of a clinical laboratory, as*  
13 *those terms are defined in paragraph (8) of subdivision (a) of*  
14 *Section 1206 and subdivision (a) of Section 1209.*

15 (d) ~~Notwithstanding any other provision of law, a medical~~  
16 ~~assistant may~~ shall not be employed for inpatient care in a licensed  
17 general acute care hospital, as defined in subdivision (a) of Section  
18 1250 of the Health and Safety Code.

19 (e) ~~Nothing in this section shall be construed as authorizing a~~  
20 ~~medical assistant to perform any clinical laboratory test or~~  
21 ~~examination for which he or she is not authorized by Chapter 3~~  
22 ~~(commencing with Section 1206.5). Nothing in this section shall~~  
23 ~~be construed as authorizing a nurse practitioner, nurse-midwife,~~  
24 ~~or physician assistant to be a laboratory director of a clinical~~  
25 ~~laboratory, as those terms are defined in paragraph (8) of~~  
26 ~~subdivision (a) of Section 1206 and subdivision (a) of Section~~  
27 ~~1209.~~

28 SECTION 1. ~~Section 2069 of the Business and Professions~~  
29 ~~Code is amended to read:~~

30 2069. — (a) (1) ~~Notwithstanding any other law, a medical~~  
31 ~~assistant may administer medication only by intradermal,~~  
32 ~~subcutaneous, or intramuscular injections and perform skin tests~~  
33 ~~and additional technical supportive services upon the specific~~  
34 ~~authorization and supervision of a licensed physician and surgeon~~  
35 ~~or a licensed podiatrist. A medical assistant may also perform all~~  
36 ~~these tasks and services upon the specific authorization of a~~  
37 ~~physician assistant, a nurse practitioner, or a nurse-midwife.~~

38 (2) ~~The supervising physician and surgeon may, at his or her~~  
39 ~~discretion, in consultation with the nurse practitioner,~~  
40 ~~nurse-midwife, or physician assistant, provide written instructions~~

1 to be followed by a medical assistant in the performance of tasks  
2 or supportive services. These written instructions may provide that  
3 the supervisory function for the medical assistant for these tasks  
4 or supportive services may be delegated to the nurse practitioner,  
5 nurse-midwife, or physician assistant within the standardized  
6 procedures or protocol, and that tasks may be performed when the  
7 supervising physician and surgeon is not onsite, if either of the  
8 following apply:

9 (A) The nurse practitioner or nurse-midwife is functioning  
10 pursuant to standardized procedures, as defined by Section 2725,  
11 or protocol. The standardized procedures or protocol shall be  
12 developed and approved by the supervising physician and surgeon,  
13 the nurse practitioner or nurse-midwife, and the facility  
14 administrator or his or her designee.

15 (B) The physician assistant is functioning pursuant to regulated  
16 services defined in Section 3502 and is approved to do so by the  
17 supervising physician and surgeon.

18 (b) As used in this section and Sections 2070 and 2071, the  
19 following definitions apply:

20 (1) “Medical assistant” means a person who may be unlicensed,  
21 who performs basic administrative, clerical, and technical  
22 supportive services in compliance with this section and Section  
23 2070 for a licensed physician and surgeon or a licensed podiatrist,  
24 or group thereof, for a medical or podiatry corporation, for a  
25 physician assistant, a nurse practitioner, or a nurse-midwife as  
26 provided in subdivision (a), or for a health care service plan, who  
27 is at least 18 years of age, and who has had at least the minimum  
28 amount of hours of appropriate training pursuant to standards  
29 established by the board. The medical assistant shall be issued a  
30 certificate by the training institution or instructor indicating  
31 satisfactory completion of the required training. A copy of the  
32 certificate shall be retained as a record by each employer of the  
33 medical assistant.

34 (2) “Specific authorization” means a specific written order  
35 prepared by the supervising physician and surgeon or the  
36 supervising podiatrist, or the physician assistant, the nurse  
37 practitioner, or the nurse-midwife as provided in subdivision (a),  
38 authorizing the procedures to be performed on a patient, which  
39 shall be placed in the patient’s medical record, or a standing order  
40 prepared by the supervising physician and surgeon or the



~~supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a); authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.~~

~~(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:~~

~~(A) A licensed physician and surgeon.~~

~~(B) A licensed podiatrist.~~

~~(C) A physician assistant, nurse practitioner, or nurse-midwife as provided in subdivision (a).~~

~~(4) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a).~~

~~(e) Nothing in this section shall be construed as authorizing any of the following:~~

~~(1) The licensure of medical assistants.~~

~~(2) The administration of local anesthetic agents by a medical assistant.~~

~~(3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.~~

~~(e) Nothing in this section shall be construed as authorizing a medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1206.5). Nothing in this section shall be construed as authorizing a nurse practitioner, nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.~~

~~(d) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.~~

1     ~~(4) A medical assistant to perform any clinical laboratory test~~  
2     ~~or examination for which he or she is not authorized by Chapter~~  
3     ~~3 (commencing with Section 1200).~~

4     ~~(5) A nurse practitioner, nurse-midwife, or physician assistant~~  
5     ~~to be a laboratory director of a clinical laboratory, as those terms~~  
6     ~~are defined in paragraph (8) of subdivision (a) of Section 1206~~  
7     ~~and subdivision (a) of Section 1209.~~

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**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Wright	<b>BILL NUMBER:</b>	SB 430
<b>SPONSOR:</b>	Wright	<b>BILL STATUS:</b>	Committee on Education
<b>SUBJECT:</b>	Pupil health: vision appraisal: binocular function	<b>DATE LAST AMENDED:</b>	4/18/13

**SUMMARY:**

Existing law requires, upon first enrollment in a California school district of a child at a California elementary school, and at least every 3rd year thereafter until the child has completed the 8th grade, the child's vision to be appraised by the school nurse or other authorized person, as specified. Existing law requires this appraisal to include tests for visual acuity and color vision.

**ANALYSIS:**

This bill would require the appraisal to also include a test for binocular function. The bill would provide that the binocular function appraisal need not begin until the pupil has reached the 3rd grade and would authorize the binocular function appraisal to include a validated symptom survey, as specified.

**AMENDED ANALYSIS as of 4/18:**

Reflects nonsubstantive changes.

**BOARD POSITION:** Watch (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Teachers Association  
Congress of Racial Equality of California  
Hales Corners Lutheran Church and Schools  
Small School Districts' Association  
Individuals

**OPPOSE:** None on file.

AMENDED IN SENATE APRIL 18, 2013

**SENATE BILL**

**No. 430**

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**Introduced by Senator Wright**

**(Coauthor: Senator Hancock)**

~~(Coauthor: Assembly Member~~ *Coauthors: Assembly Members Mitchell  
and John A. Pérez)*

February 21, 2013

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An act to amend Section 49455 of the Education Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

SB 430, as amended, Wright. Pupil health: vision appraisal: binocular function.

Existing law requires, upon first enrollment in a California school district of a child at a California elementary school, and at least every 3rd year thereafter until the child has completed the 8th grade, the child's vision to be appraised by the school nurse or other authorized person, as specified. Existing law requires this appraisal to include tests for visual acuity and color vision.

This bill would require the appraisal to also include a *screening* test for binocular function. The bill would provide that the binocular function appraisal need not begin until the pupil has reached the 3rd grade and would authorize the binocular function appraisal to include a validated symptom survey, as specified. By requiring a school nurse or other authorized person to test for binocular function, the bill would impose a state-mandated local program.

This bill would also make nonsubstantive changes to this provision.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 49455 of the Education Code is amended  
2     to read:  
3     49455. (a) Upon first enrollment in a California school district  
4     of a pupil at a California elementary school, and at least every  
5     third year thereafter until the pupil has completed the 8th grade,  
6     the pupil's vision shall be appraised by the school nurse or other  
7     authorized person under Section 49452. This appraisal shall include  
8     *screening* tests for visual acuity, binocular function, and color  
9     vision; however, color vision shall be appraised once and only on  
10    male pupils, and the results of the appraisal shall be entered in the  
11    health record of the pupil. Color vision appraisal need not begin  
12    until the male pupil has reached the first grade. Binocular function  
13    appraisal need not begin until the pupil has reached the ~~3rd~~ *third*  
14    grade. Gross external observation of the pupil's eyes, visual  
15    performance, and perception shall be done by the school nurse and  
16    the classroom teacher. The appraisal may be waived, if the pupil's  
17    parents so desire, by their presenting of a certificate from a  
18    physician and surgeon, a physician assistant practicing in  
19    compliance with Chapter 7.7 (commencing with Section 3500) of  
20    Division 2 of the Business and Professions Code, or an optometrist  
21    setting out the results of a determination of the pupil's vision,  
22    including visual acuity, binocular function, and color vision.  
23    (b) This section shall not apply to a pupil whose parents or  
24    guardian file with the principal of the school in which the pupil is  
25    enrolling, a statement in writing that they adhere to the faith or  
26    teachings of any well-recognized religious sect, denomination, or  
27    organization and in accordance with its creed, tenets, or principles  
28    depend for healing upon prayer in the practice of their religion.

1 (c) The binocular function appraisal required by subdivision (a)  
2 may include a validated symptom survey developed during a  
3 National Institute of ~~Health~~ *Health's* clinical trial and published  
4 for use in the public domain.

5 SEC. 2. If the Commission on State Mandates determines  
6 that this act contains costs mandated by the state, reimbursement  
7 to local agencies and school districts for those costs shall be made  
8 pursuant to Part 7 (commencing with Section 17500) of Division  
9 4 of Title 2 of the Government Code.





**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Padilla	<b>BILL NUMBER:</b>	SB 440
<b>SPONSOR:</b>		<b>BILL STATUS:</b>	Committee on Education
<b>SUBJECT:</b>	Public postsecondary education: Student Transfer Achievement Reform Act	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

(1) Existing law establishes the California Community Colleges and the California State University as 2 of the segments of public postsecondary education in this state. Existing law, the Student Transfer Achievement Reform Act (act), encourages community colleges to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer. The act also requires the California State University to guarantee admission with junior status to a community college student who meets the requirements for the associate degree for transfer. A student admitted to the California State University pursuant to the act is entitled to receive priority over all other community college transfer students, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year.

**ANALYSIS:**

This bill would express the finding and declaration of the Legislature that intersegmental faculty of the California Community Colleges and the California State University have developed transfer model curricula in many of the most commonly transferred majors between the 2 segments. The bill would express the intent of the Legislature to endorse and encourage the use of transfer model curricula as the preferred basis for associate degrees for transfer and the development of community college areas of emphasis that articulate with the 25 most popular majors for transfer students. The bill would require community college districts to create an associate degree for transfer in every major offered by that district that has an approved transfer model curriculum before the commencement of the 2014-15 academic year, thereby imposing a state-mandated local program.

The bill would require California State University campuses to accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options, as defined, within a major field.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

**BOARD POSITION:** Watch (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

**OPPOSE:**

**Introduced by Senator Padilla**

February 21, 2013

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An act to amend Sections 66746 and 66747 of the Education Code, relating to public postsecondary education.

**LEGISLATIVE COUNSEL'S DIGEST**

SB 440, as introduced, Padilla. Public postsecondary education: Student Transfer Achievement Reform Act.

(1) Existing law establishes the California Community Colleges and the California State University as 2 of the segments of public postsecondary education in this state. Existing law, the Student Transfer Achievement Reform Act (act), encourages community colleges to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer. The act also requires the California State University to guarantee admission with junior status to a community college student who meets the requirements for the associate degree for transfer. A student admitted to the California State University pursuant to the act is entitled to receive priority over all other community college transfer students, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year.

This bill would express the finding and declaration of the Legislature that intersegmental faculty of the California Community Colleges and the California State University have developed transfer model curricula in many of the most commonly transferred majors between the 2 segments. The bill would express the intent of the Legislature to endorse and encourage the use of transfer model curricula as the preferred basis for associate degrees for transfer and the development of community

college areas of emphasis that articulate with the 25 most popular majors for transfer students. The bill would require community college districts to create an associate degree for transfer in every major offered by that district that has an approved transfer model curriculum before the commencement of the 2014-15 academic year, thereby imposing a state-mandated local program.

The bill would require California State University campuses to accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options, as defined, within a major field.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. (a) The Legislature finds and declares that
- 2 intersegmental faculty of the California Community Colleges and
- 3 the California State University have developed transfer model
- 4 curricula in many of the most commonly transferred majors to
- 5 facilitate the transfer of students from community colleges to the
- 6 California State University.
- 7 (b) It is the intent of the Legislature to do both of the following:
- 8 (1) Endorse and encourage both of the following:
- 9 (A) The use of transfer model curricula as the preferred basis
- 10 for associate degrees for transfer.
- 11 (B) The development of community college areas of emphasis
- 12 that articulate with the 25 most popular major courses of study for
- 13 students transferring from a community college to a campus of the
- 14 California State University.
- 15 (2) Establish appropriate steps to be taken by campuses of the
- 16 California Community Colleges or the California State University
- 17 that fail to meet, in a timely manner, the requirements of Sections

1 66746 and 66747 of the Education Code, as those sections are  
2 amended in this act.

3 SEC. 2. Section 66746 of the Education Code is amended to  
4 read:

5 66746. (a) Commencing with the fall term of the 2011–12  
6 academic year, a student who earns an associate degree for transfer  
7 granted pursuant to subdivision (b) shall be deemed eligible for  
8 transfer into a California State University baccalaureate program  
9 when the student meets both of the following requirements:

10 (1) Completion of 60 semester units or 90 quarter units that are  
11 eligible for transfer to the California State University, including  
12 both of the following:

13 (A) The Intersegmental General Education Transfer Curriculum  
14 (IGETC) or the California State University General  
15 Education-Breadth Requirements.

16 (B) A minimum of 18 semester units or 27 quarter units in a  
17 major or area of emphasis, as determined by the community college  
18 district.

19 (2) Obtainment of a minimum grade point average of 2.0.

20 (b) (1) As a condition of receipt of state apportionment funds,  
21 a community college district shall develop and grant associate  
22 degrees for transfer that meet the requirements of subdivision (a).  
23 A community college district shall not impose any requirements  
24 in addition to the requirements of this section, including any local  
25 college or district requirements, for a student to be eligible for the  
26 associate degree for transfer and subsequent admission to the  
27 California State University pursuant to Section 66747. *A community  
28 college district shall, before the commencement of the 2014–15  
29 academic year, create an associate degree for transfer in every  
30 major offered by that district that has an approved transfer model  
31 curriculum.*

32 (2) The condition of receipt of state apportionment funding  
33 contained in paragraph (1) shall become inoperative if, by  
34 December 31, 2010, each of the state's 72 community college  
35 districts has submitted to the Chancellor of the California  
36 Community Colleges, for transmission to the Director of Finance,  
37 signed certification waiving, as a local agency request within the  
38 meaning of paragraph (1) of subdivision (a) of Section 6 of Article  
39 XIII B of the California Constitution, any claim of reimbursement  
40 related to the implementation of this article.

(c) A community college district is encouraged to consider the local articulation agreements and other work between the respective faculties from the affected community college and California State University campuses in implementing the requirements of this section.

(d) Community colleges are encouraged to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer pursuant to this section.

(e) This section shall not preclude students who are assessed below collegiate level from acquiring remedial noncollegiate level coursework in preparation for obtaining the associate degree. Remedial noncollegiate level coursework shall not be counted as part of the transferable units required pursuant to paragraph (1) of subdivision (a).

SEC. 3. Section 66747 of the Education Code is amended to read:

66747. (a) Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall guarantee admission with junior status to any community college student who meets all of the requirements of Section 66746. Admission to the California State University, as provided under this article, does not guarantee admission for specific majors or campuses. Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall grant a student priority admission to his or her local California State University campus and to a program or major that is similar to his or her community college major or area of emphasis, as determined by the California State University campus to which the student is admitted. ~~A student~~ *A California State University campus shall accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options within a major field. As used in this section, a “degree option” is an area of specialization within a degree program.*

(b) A student admitted under this article shall receive priority over all other community college transfer students, in accordance with subdivision (b) of Section 66202, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year. A student admitted pursuant to this article shall have met the requirements

1 of an approved transfer agreement consistent with subdivision (a)  
2 of Section 66202.

3 SEC. 4. If the Commission on State Mandates determines that  
4 this act contains costs mandated by the state, reimbursement to  
5 local agencies and school districts for those costs shall be made  
6 pursuant to Part 7 (commencing with Section 17500) of Division  
7 4 of Title 2 of the Government Code.

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**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Hernandez, E.	<b>BILL NUMBER:</b>	SB 491
<b>SPONSOR:</b>	Hernandez, E.	<b>BILL STATUS:</b>	Committee on Business, Professions & Economic Development
<b>SUBJECT:</b>	Nurse Practitioners	<b>DATE LAST AMENDED:</b>	4/16/13

**SUMMARY:**

Existing law declares the findings of the Legislature that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title.

**ANALYSIS:**

This bill would make a nonsubstantive change to this declaration.

**AMENDED ANALYSIS as of 4/1;**

This bill would revise these provisions [regarding the licensure and regulation of nurse practitioners by the Board of Registered Nursing] by deleting the requirement that those acts be performed pursuant to a standardized procedure or in consultation with a physician and surgeon. The bill would also authorize a nurse practitioner to perform specified additional acts, including, among others, diagnosing patients, performing therapeutic procedures, and prescribing drugs and devices. The bill would require that, on and after July 1, 2016, an applicant for initial qualification or certification as a nurse practitioner hold a national certification as a nurse practitioner from a national certifying body recognized by the board.

**AMENDED ANALYSIS as of 4/16:**

The bill would also authorize a nurse practitioner to perform specified additional acts, including, among others, diagnosing patients, performing therapeutic procedures, *examining patients and establishing a medical diagnosis* and prescribing drugs and devices. The bill would require that, on and after July 1, 2016, an applicant for initial qualification or certification as a nurse practitioner hold a national certification as a nurse practitioner from a national certifying body recognized by the board.

**BOARD POSITION:**

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Association of Nurse Practitioners

California Association of Nurse Anesthetists  
California Optometric Association  
Californians for Patient Care  
United Nurses Associations of California/ Union of Health Care  
Professionals  
American Association for Retired Persons  
Association of California Healthcare Districts  
Blue Shield of California  
California Pharmacists Association/ California Society for Health  
System Pharmacists  
National Association of Pediatric Nurse Practitioners  
Western University of Health Sciences  
1 nurse practitioner  
2 individuals

Support if Amended:  
California Association of Physician Groups

**OPPOSE:**

California Academy of Eye Physicians & Surgeons  
California Medical Association

Oppose unless amended:  
California Academy of Family Physicians  
Osteopathic Physicians and Surgeons of California

AMENDED IN SENATE APRIL 16, 2013

AMENDED IN SENATE APRIL 1, 2013

**SENATE BILL**

**No. 491**

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**Introduced by Senator Hernandez**

February 21, 2013

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An act to amend Sections 2835.5, 2835.7, 2836.1, 2836.2, and 2836.3 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 491, as amended, Hernandez. Nurse practitioners.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing. Existing law requires an applicant for initial qualification or certification as a nurse practitioner who has never been qualified or certified as a nurse practitioner in California or in any other state to meet specified requirements, including possessing a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing, and to have satisfactorily completed a nurse practitioner program approved by the board. Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts, including, among others, ordering durable medical equipment, and, in consultation with a physician and surgeon, ~~approve, sign, modify, or add~~ *approving, signing, modifying, or adding* to a plan of treatment or plan for an individual receiving home health services or personal care services.

This bill would revise these provisions by deleting the requirement that those acts be performed pursuant to a standardized procedure or in consultation with a physician and surgeon. The bill would also authorize a nurse practitioner to perform specified additional acts, including,

among others, ~~diagnosing patients, performing therapeutic procedures,~~  
*examining patients and establishing a medical diagnosis* and prescribing  
drugs and devices. The bill would require that, on and after July 1, 2016,  
an applicant for initial qualification or certification as a nurse practitioner  
hold a national certification as a nurse practitioner from a national  
certifying body recognized by the board.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all of the  
2 following:

3 (a) Nurse practitioners are a longstanding, vital, safe, effective,  
4 and important part of the state's health care delivery system. They  
5 are especially important given California's shortage of physicians,  
6 with just 16 of 58 counties having the federally recommended ratio  
7 of physicians to residents.

8 (b) Nurse practitioners will play an especially important part in  
9 the implementation of the federal Patient Protection and Affordable  
10 Care Act, which will bring an estimated five million more  
11 Californians into the health care delivery system, because they  
12 will provide for greater access to primary care services in all areas  
13 of the state. This is particularly true for patients in medically  
14 underserved urban and rural communities.

15 (c) Due to the excellent safety and efficacy record that nurse  
16 practitioners have earned, the Institute of Medicine of the National  
17 Academy of Sciences has recommended full independent practice  
18 for nurse practitioners. Currently, 17 states allow nurse practitioners  
19 to practice to the full extent of their training and education with  
20 independent practice.

21 (d) Furthermore, nurse practitioners will assist in addressing  
22 the primary care provider shortage by removing delays in the  
23 provision of care that are created when dated regulations require  
24 a physician's signature or protocol before a patient can initiate  
25 treatment or obtain diagnostic tests that are ordered by a nurse  
26 practitioner.

27 SEC. 2. Section 2835.5 of the Business and Professions Code  
28 is amended to read:

1     2835.5. (a) A registered nurse who is holding himself or herself  
2 out as a nurse practitioner or who desires to hold himself or herself  
3 out as a nurse practitioner shall, within the time prescribed by the  
4 board and prior to his or her next license renewal or the issuance  
5 of an initial license, submit educational, experience, and other  
6 credentials and information as the board may require for it to  
7 determine that the person qualifies to use the title “nurse  
8 practitioner,” pursuant to the standards and qualifications  
9 established by the board.

10    (b) Upon finding that a person is qualified to hold himself or  
11 herself out as a nurse practitioner, the board shall appropriately  
12 indicate on the license issued or renewed, that the person is  
13 qualified to use the title “nurse practitioner.” The board shall also  
14 issue to each qualified person a certificate evidencing that the  
15 person is qualified to use the title “nurse practitioner.”

16    (c) A person who has been found to be qualified by the board  
17 to use the title “nurse practitioner” prior to January 1, 2005, shall  
18 not be required to submit any further qualifications or information  
19 to the board and shall be deemed to have met the requirements of  
20 this section.

21    (d) On and after January 1, 2008, an applicant for initial  
22 qualification or certification as a nurse practitioner under this article  
23 who has not been qualified or certified as a nurse practitioner in  
24 California or any other state shall meet the following requirements:

25     (1) Hold a valid and active registered nursing license issued  
26 under this chapter.

27     (2) Possess a master’s degree in nursing, a master’s degree in  
28 a clinical field related to nursing, or a graduate degree in nursing.

29     (3) Satisfactorily complete a nurse practitioner program  
30 approved by the board.

31    (e) On and after July 1, 2016, an applicant for initial  
32 qualification or certification as a nurse practitioner shall, in  
33 addition, hold a national certification as a nurse practitioner from  
34 a national certifying body recognized by the board.

35    SEC. 3. Section 2835.7 of the Business and Professions Code  
36 is amended to read:

37    2835.7. (a) Notwithstanding any other law, in addition to any  
38 other practices authorized in statute or regulation, a nurse  
39 practitioner may do any of the following:

1 (1) Order durable medical equipment. Notwithstanding that  
2 authority, nothing in this paragraph shall operate to limit the ability  
3 of a third-party payer to require prior approval.

4 (2) After performance of a physical examination by the nurse  
5 practitioner, certify disability pursuant to Section 2708 of the  
6 Unemployment Insurance Code.

7 (3) For individuals receiving home health services or personal  
8 care services, approve, sign, modify, or add to a plan of treatment  
9 or plan of care.

10 (4) Assess patients, synthesize and analyze data, and apply  
11 principles of health care ~~at an advanced level~~.

12 (5) Manage the physical and psychosocial health status of  
13 patients.

14 (6) Analyze multiple sources of data, identify alternative  
15 possibilities as to the nature of a health care problem, and select,  
16 implement, and evaluate appropriate treatment.

17 ~~(7) Make independent decisions in treating health conditions.~~

18 ~~(8) Diagnose patients and perform diagnostic and therapeutic~~  
19 ~~procedures.~~

20 *(7) Examine patients and establish a medical diagnosis by client*  
21 *history, physical examination, and other criteria.*

22 ~~(9)~~

23 (8) Order, furnish, or prescribe drugs or devices pursuant to  
24 Section 2836.1.

25 ~~(10)~~

26 (9) Refer patients to other health care providers ~~when~~  
27 ~~appropriate due to the limits of the nurse practitioner's knowledge,~~  
28 ~~experience, or educational preparation.~~ *as provided in subdivision*  
29 *(b).*

30 ~~(11)~~

31 *(10) Delegate to a medical assistant.*

32 ~~(12)~~

33 *(11) Perform additional acts that require education and training*  
34 *and that are recognized by the nursing profession as proper to be*  
35 *performed by a nurse practitioner.*

36 ~~(13)~~

37 *(12) Order hospice care as appropriate.*

38 ~~(14)~~

39 *(13) Perform procedures that are necessary and consistent with*  
40 *the nurse practitioner's training and education.*

1     ***(b) A nurse practitioner shall refer a patient to a physician or***  
2     ***another licensed health care provider if the referral will protect***  
3     ***the health and welfare of the patient, and shall consult with a***  
4     ***physician or other licensed health care provider if a situation or***  
5     ***condition occurs in a patient that is beyond the nurse practitioner's***  
6     ***knowledge and experience.***

7     ~~(b)~~

8     ***(c) A nurse practitioner shall maintain medical malpractice***  
9     ***insurance.***

10    SEC. 4. Section 2836.1 of the Business and Professions Code  
11    is amended to read:

12    2836.1. *(a) Neither this chapter nor any other provision of*  
13    *law shall be construed to prohibit a nurse practitioner from*  
14    *furnishing, ordering, or prescribing drugs or devices when ~~all~~ both*  
15    *of the following apply:*

16    ~~(a)~~

17    ***(1) The drugs or devices that are furnished, ordered, or***  
18    ***prescribed are consistent with the practitioner's educational***  
19    ***preparation or for which clinical competency has been established***  
20    ***and maintained.***

21    ~~(b)-(1)~~

22    ***(2) (A) The board has certified in accordance with Section***  
23    ***2836.3 that the nurse practitioner has satisfactorily completed a***  
24    ***course in pharmacology covering the drugs or devices to be***  
25    ***furnished, ordered, or prescribed under this section.***

26    ~~(2)~~

27    ***(B) Nurse practitioners who are certified by the board and hold***  
28    ***an active furnishing number and who are registered with the United***  
29    ***States Drug Enforcement Administration, shall complete, as part***  
30    ***of their continuing education requirements, a course including***  
31    ***Schedule II controlled substances based on the standards developed***  
32    ***by the board. The board shall establish the requirements for***  
33    ***satisfactory completion of this subdivision.***

34    ~~(e)~~

35    ***(b) A nurse practitioner shall not furnish, order, or prescribe a***  
36    ***dangerous drug, as defined in Section 4022, without an appropriate***  
37    ***prior examination and a medical indication, unless one of the***  
38    ***following applies:***

39    ***(1) The nurse practitioner was a designated practitioner serving***  
40    ***in the absence of the patient's physician and surgeon, podiatrist,***

1 or nurse practitioner, as the case may be, and if the drugs were  
2 prescribed, dispensed, or furnished only as necessary to maintain  
3 the patient until the return of his or her practitioner, but in any case  
4 no longer than 72 hours.

5 (2) The nurse practitioner transmitted the order for the drugs to  
6 a registered nurse or to a licensed vocational nurse in an inpatient  
7 facility, and if both of the following conditions exist:

8 (A) The nurse practitioner had consulted with the registered  
9 nurse or licensed vocational nurse who had reviewed the patient's  
10 records.

11 (B) The nurse practitioner was designated as the practitioner to  
12 serve in the absence of the patient's physician and surgeon,  
13 podiatrist, or nurse practitioner, as the case may be.

14 (3) The nurse practitioner was a designated practitioner serving  
15 in the absence of the patient's physician and surgeon, podiatrist,  
16 or nurse practitioner, as the case may be, and was in possession  
17 of or had utilized the patient's records and ordered the renewal of  
18 a medically indicated prescription for an amount not exceeding  
19 the original prescription in strength or amount or for more than  
20 one refill.

21 (4) The licensee was acting in accordance with subdivision (b)  
22 of Section 120582 of the Health and Safety Code.

23 ~~(d)~~

24 (c) Use of the term "furnishing" in this section, in health  
25 facilities defined in Section 1250 of the Health and Safety Code,  
26 shall include the ordering of a drug or device.

27 ~~(e)~~

28 (d) "Drug order" or "order" for purposes of this section means  
29 an order for medication which is dispensed to or for an ultimate  
30 user, issued by a nurse practitioner as an individual practitioner,  
31 within the meaning of Section 1306.02 of Title 21 of the Code of  
32 Federal Regulations. Notwithstanding any other provision of law,  
33 (1) all references to "prescription" in this code and the Health and  
34 Safety Code shall include drug orders issued by nurse practitioners;  
35 and (2) the signature of a nurse practitioner on a drug order issued  
36 in accordance with this section shall be deemed to be the signature  
37 of a prescriber for purposes of this code and the Health and Safety  
38 Code.

39 SEC. 5. Section 2836.2 of the Business and Professions Code  
40 is amended to read:



1     2836.2. All nurse practitioners who are authorized pursuant to  
2 Section 2836.1 to prescribe, furnish, or issue drug orders for  
3 controlled substances shall register with the United States Drug  
4 Enforcement Administration.

5     SEC. 6. Section 2836.3 of the Business and Professions Code  
6 is amended to read:

7     2836.3. (a) The furnishing of drugs or devices by nurse  
8 practitioners is conditional on issuance by the board of a number  
9 to the nurse applicant who has successfully completed the  
10 requirements of *paragraph (2) of* subdivision (b) of Section 2836.1.  
11 The number shall be included on all transmittals of orders for drugs  
12 or devices by the nurse practitioner. The board shall make the list  
13 of numbers issued available to the Board of Pharmacy. The board  
14 may charge the applicant a fee to cover all necessary costs to  
15 implement this section.

16     (b) The number shall be renewable at the time of the applicant's  
17 registered nurse license renewal.

18     (c) The board may revoke, suspend, or deny issuance of the  
19 numbers for incompetence or gross negligence in the performance  
20 of functions specified in Sections 2836.1 and 2836.2.



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	De León	<b>BILL NUMBER:</b>	SB 532
<b>SPONSOR:</b>		<b>BILL STATUS:</b>	Committee on Rules
<b>SUBJECT:</b>	Professions and vocations: military spouses: temporary licenses	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated.

Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

**ANALYSIS:**

This bill would make a technical, nonsubstantive change to that provision.

**BOARD POSITION:** Watch (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

**OPPOSE:**

**Introduced by Senator De León**

February 21, 2013

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An act to amend Section 115.5 of the Business and Professions Code, relating to professions and vocations.

**LEGISLATIVE COUNSEL'S DIGEST**

SB 532, as introduced, De León. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would make a technical, nonsubstantive change to that provision.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. Section 115.5 of the Business and Professions  
2     Code is amended to read:  
3     115.5. (a) A board within the department shall expedite the  
4     licensure process for an applicant who meets both of the following  
5     requirements:  
6     (1) Supplies evidence satisfactory to the board that the applicant  
7     is married to, or in a domestic partnership or other legal union  
8     with, an active duty member of the Armed Forces of the United  
9     States who is assigned to a duty station in this state under official  
10    active duty military orders.  
11    (2) Holds a current license in another state, district, or territory  
12    of the United States in the profession or vocation for which he or  
13    she seeks a license from the board.  
14    (b) A board may adopt *any* regulations necessary to administer  
15    this section.



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Yee	<b>BILL NUMBER:</b>	SB 718
<b>SPONSOR:</b>	California Nurses Association	<b>BILL STATUS:</b>	Committee on Labor and Industrial Relations
<b>SUBJECT:</b>	Hospitals: workplace violence prevention plan	<b>DATE LAST AMENDED:</b>	4/4/13

**SUMMARY:**

Existing law regulates the operation of health facilities, including hospitals. Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

**ANALYSIS:**

This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training, as specified. The bill would prohibit a hospital from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident.

The bill would require a hospital to report to the division any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified, and would authorize the division to assess a civil penalty against a hospital for failure to report an incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding incidents of violence at hospitals, as specified.

**AMENDED ANALYSIS as of 4/4:**

The bill would require a hospital to document and keep for 5 years a written record of all violent incidents against a hospital employee, as defined, and to report to the division any violent incident, as specified. The bill would also authorize the division to assess a civil penalty against a hospital for failure to report a violent incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding violent

incidents at hospitals, as specified, and to develop regulations implementing these provisions by January 1, 2015.

**BOARD POSITION:** Support (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Nurses Association - Sponsor

Consumer Attorneys of California

Union of Health Care Professionals

United Nurses Association of California/Union of Health Care  
Professionals

**OPPOSE:**

California Hospital Association



AMENDED IN SENATE APRIL 4, 2013

**SENATE BILL**

**No. 718**

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**Introduced by Senator Yee**

February 22, 2013

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An act to add Section 6401.8 to the Labor Code, relating to employment safety.

LEGISLATIVE COUNSEL'S DIGEST

SB 718, as amended, Yee. Hospitals: workplace violence prevention plan.

Existing law regulates the operation of health facilities, including hospitals.

Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any *violent* incident ~~of assault, as defined, or battery~~, as defined, against a hospital employee ~~or patient~~, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training, as specified. The bill would

prohibit a hospital from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident.

The bill would require a hospital to *document and keep for 5 years a written record of all violent incidents against a hospital employee, as defined, and to report to the division any violent incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified, and. The bill would also* authorize the division to assess a civil penalty against a hospital for failure to report ~~an~~ a violent incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding ~~violent incidents of violence~~ at hospitals, as specified, *and to develop regulations implementing these provisions by January 1, 2015.*

Because this bill would expand the scope of a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 6401.8 is added to the Labor Code, to
- 2 read:
- 3 6401.8. (a) As a part of its injury prevention program required
- 4 pursuant to Section 6401.7, a hospital licensed pursuant to
- 5 subdivisions (a), (b), or (f) of Section 1250 of the Health and Safety
- 6 Code shall adopt a workplace violence prevention plan designed
- 7 to protect health care workers, other facility personnel, patients,
- 8 and visitors from aggressive or violent behavior. The plan shall
- 9 include, but not be limited to, security considerations relating to
- 10 all of the following:
- 11 (1) Physical layout.

1 (2) Staffing, including staffing patterns and patient classification  
2 systems that contribute to the risk of violence or are insufficient  
3 to address the risk of violence.

4 (3) The adequacy of facility security systems, protocols, and  
5 policies, including, but not limited to, security personnel  
6 availability *and employee alarm systems*.

7 (4) Potential security risks associated with specific units or areas  
8 within the facility where there is a greater likelihood that a patient  
9 or other person may exhibit violent behavior.

10 (5) Uncontrolled public access to any part of the facility.

11 (6) Potential security risks related to working late night or early  
12 morning hours.

13 (7) Employee security in areas surrounding the facility,  
14 including, but not limited to, employee parking areas.

15 (8) The use of a trained response team that can assist employees  
16 in violent situations.

17 (9) Policy and training related to appropriate responses to violent  
18 acts.

19 (10) Efforts to cooperate with local law enforcement regarding  
20 violent acts in the facility.

21 (b) As part of its workplace violence prevention plan, a hospital  
22 shall adopt safety and security policies, including, but not limited  
23 to, all of the following:

24 (1) Personnel training policies designed to protect personnel,  
25 patients, and visitors from aggressive or violent behavior, including  
26 education on how to recognize the potential for violence, how and  
27 when to seek assistance to prevent or respond to violence, and how  
28 to report *violent* incidents ~~of violence~~ to the appropriate law  
29 enforcement officials.

30 (2) A system for responding to *violent* incidents and situations  
31 involving violence or the risk of violence, including, but not limited  
32 to, procedures for rapid response by which an employee is provided  
33 with immediate assistance if the threat of violence against that  
34 employee appears to be imminent, or if a violent act has occurred  
35 or is occurring.

36 (3) A system for investigating violent incidents and situations  
37 involving violence or the risk of violence. When investigating  
38 these incidents, the hospital shall interview any employee involved  
39 in the incident or situation.

1 (4) A system for reporting, monitoring, and recordkeeping of  
2 violent incidents and situations involving the risk of violence.

3 (5) A system for reporting *violent incidents-of-violence* to the  
4 division pursuant to subdivision (h).

5 (6) Modifications to job design, staffing, security, equipment,  
6 or facilities as determined necessary to prevent or address violence  
7 against hospital employees.

8 (c) The plan shall be developed in conjunction with affected  
9 employees, including their recognized collective bargaining agents,  
10 if any. Individuals or members of a hospital committee responsible  
11 for developing the security plan shall be familiar with hospital  
12 safety and security issues, as well as the identification of aggressive  
13 and violent predicting factors. In developing the workplace  
14 violence prevention plan, the hospital shall consider guidelines or  
15 standards on violence in health care facilities issued by the division,  
16 the federal Occupational Safety and Health Administration, and,  
17 if available, the State Department of Public Health.

18 (d) All medical staff and health care workers who provide direct  
19 care to patients shall, at least annually, receive workplace violence  
20 prevention education and training that is designed in such a way  
21 as to provide an opportunity for interactive questions and answers  
22 with a person knowledgeable about the workplace violence  
23 prevention plan, and that includes, but is not limited to, the  
24 following topics:

25 (1) General safety measures.

26 (2) Personal safety measures.

27 (3) The assault cycle.

28 (4) Aggression and violence predicting factors.

29 (5) Obtaining patient history from a patient with violent  
30 behavior.

31 (6) Characteristics of aggressive and violent patients and victims.

32 (7) Verbal and physical maneuvers to diffuse and avoid violent  
33 behavior.

34 (8) Strategies to avoid physical harm.

35 (9) Restraining techniques.

36 (10) Appropriate use of medications as chemical restraints.

37 (11) Any resources available to employees for coping with  
38 *violent incidents-of-violence*, including, by way of example, critical  
39 incident stress debriefing or employee assistance programs.

1 (e) All temporary personnel shall be oriented to the workplace  
2 violence prevention plan.

3 (f) A hospital shall provide evaluation and treatment for an  
4 employee who is injured or is otherwise a victim of a violent  
5 incident and shall, upon the request of the employee, provide access  
6 to followup counseling to address trauma or distress experienced  
7 by the employee, including, but not limited to, individual crisis  
8 counseling, support group counseling, peer assistance, and  
9 professional referrals.

10 (g) A hospital shall not prohibit an employee from, or take  
11 punitive or retaliatory action against an employee for, seeking  
12 assistance and intervention from local emergency services or law  
13 enforcement when a violent incident occurs.

14 (h) (1) ~~A-In addition to the reports required by Section 6409.1,~~  
15 ~~a hospital shall report to the division any incident of assault, as~~  
16 ~~defined in Section 240 of the Penal Code, or battery, as defined in~~  
17 ~~Section 242 of the Penal Code, document and keep for a period~~  
18 ~~of five years a written record of any violent incident against a~~  
19 ~~hospital employee or patient that is committed by a patient or a~~  
20 ~~person accompanying a patient immediately after the incident is~~  
21 ~~reported by that employee or any other employee to a manager,~~  
22 ~~supervisor, or other hospital administrator. The hospital shall~~  
23 ~~document and keep a written record of all violent incidents,~~  
24 ~~regardless of whether the employee sustains an injury. This report~~  
25 ~~record shall include, but not be limited to, the date and time of the~~  
26 ~~incident, whether the victim was a hospital employee or a patient,~~  
27 ~~the unit in which the incident occurred, a description of the~~  
28 ~~circumstances surrounding the incident, and the hospital's response~~  
29 ~~to the incident.~~

30 (2) A hospital shall report ~~an incident to which paragraph (1)~~  
31 ~~applies to the division within 72 hours the information recorded~~  
32 ~~pursuant to paragraph (1) regarding a violent incident.~~ If the  
33 incident results in *physical* injury, involves the use of a firearm or  
34 other dangerous weapon, or presents an urgent or emergent threat  
35 to the welfare, health, or safety of hospital personnel, the hospital  
36 shall report the incident to the division within 24 hours.

37 (3) If a hospital fails to report ~~an a violent incident of assault~~  
38 ~~or battery pursuant to subdivision (f) paragraph (2),~~ the division  
39 may assess a civil penalty against the hospital in an amount not to  
40 exceed one hundred dollars (\$100) per day for each day that the

1 incident is not reported following the initial 72-hour or 24-hour  
2 period, as applicable pursuant to paragraph (2).

3 (i) *The division may, at its discretion, conduct an inspection for*  
4 *any violent incident reported pursuant to subdivision (h).*

5 (j) *Nothing in this section requiring recordkeeping and reporting*  
6 *by an employer relieves the employer of the requirements of Section*  
7 *6410.*

8 (i)

9 (k) (1) By January 1, 2015, and annually thereafter, the division  
10 shall report to the relevant fiscal and policy committees of the  
11 Legislature, in a manner that protects patient and employee  
12 confidentiality, information regarding ~~violent incidents of violence~~  
13 at hospitals, that includes, but is not limited to, the total number  
14 of reports and which specific hospitals filed reports pursuant to  
15 subdivision (h), the outcome of any related inspection or  
16 investigation, citations levied against a hospital based on ~~an a~~  
17 ~~violent incident of workplace violence~~, and recommendations on  
18 how to prevent ~~violent incidents of workplace violence~~ at hospitals.

19 (2) The requirement for submitting a report imposed pursuant  
20 to this subdivision is inoperative on January 1, 2019, pursuant to  
21 Section 10231.5 of the Government Code.

22 (3) A report to be submitted pursuant to this subdivision shall  
23 be submitted in compliance with Section 9795 of the Government  
24 Code.

25 (l) *By January 1, 2015, the division shall adopt regulations to*  
26 *implement the provisions of this section.*

27 (m) *For purposes of this section, “violent incident” shall*  
28 *include, but not be limited to, the following:*

29 (1) *The use of physical force against a hospital employee by a*  
30 *patient or a person accompanying a patient that results in or has*  
31 *a high likelihood of resulting in injury, psychological trauma, or*  
32 *stress, regardless of whether the employee sustains an injury.*

33 (2) *An incident involving the use of a firearm or other dangerous*  
34 *weapon, regardless of whether the employee sustains an injury.*

35 SEC. 2. No reimbursement is required by this act pursuant to  
36 Section 6 of Article XIII B of the California Constitution because  
37 the only costs that may be incurred by a local agency or school  
38 district will be incurred because this act creates a new crime or  
39 infraction, eliminates a crime or infraction, or changes the penalty  
40 for a crime or infraction, within the meaning of Section 17556 of

1 the Government Code, or changes the definition of a crime within  
2 the meaning of Section 6 of Article XIII B of the California  
3 Constitution.

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**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	Correa	<b>BILL NUMBER:</b>	SB 723
<b>SPONSOR:</b>	Correa	<b>BILL STATUS:</b>	Committee on Business, Professions & Economic Development
<b>SUBJECT:</b>	Veterans	<b>DATE LAST AMENDED:</b>	4/23/13

**SUMMARY:**

Existing law requires the Employment Development Department, in consultation and coordination with veterans' organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans' employment and training needs and to seek federal funding for those purposes.

**ANALYSIS:**

This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature addressing specified matters relating to military training programs and state credentialing programs.

**AMENDED ANALYSIS of 4/23:**

This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.

**BOARD POSITION:** Watch (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Labor Federation, AFL-CIO

**OPPOSE:** None to date.

AMENDED IN SENATE APRIL 23, 2013

**SENATE BILL**

**No. 723**

**Introduced by Senator Correa**  
*(Coauthors: Senators Leno and Lieu)*

February 22, 2013

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An act to add Section 325.51 to the Unemployment Insurance Code, relating to veterans.

LEGISLATIVE COUNSEL'S DIGEST

SB 723, as amended, Correa. Veterans.

Existing law requires the Employment Development Department, in consultation and coordination with veterans' organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans' employment and training needs and to seek federal funding for those purposes.

This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature ~~addressing specified matters relating to military training programs and state credentialing programs~~ *containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     ~~SECTION 1. Section 325.51 is added to the Unemployment~~
- 2     ~~Insurance Code, to read:~~

1     ~~325.51. The~~

2     SECTION 1. *Section 325.51 is added to the Unemployment*  
3 *Insurance Code, immediately following Section 325.5, to read:*

4     325.51. The Employment Development Department and the  
5 Department of Consumer Affairs, on or before January 1, 2015,  
6 jointly shall present a report to the Legislature containing ~~all of~~  
7 ~~the following:~~

8     ~~(a) Best best~~ practices by state governments around the nation  
9 in facilitating the credentialing of veterans by using their  
10 documented military education and experience.

11     ~~(b) Military occupational specialties within all branches of the~~  
12 ~~United States Armed Forces that readily transfer to high-demand~~  
13 ~~civilian jobs.~~

14     ~~(c) The departments' past and current efforts to collaborate with~~  
15 ~~key public and private sector stakeholders to address the gaps~~  
16 ~~between military training programs and state credentialing~~  
17 ~~programs with respect to at least five specific vocations or~~  
18 ~~professions that are credentialed or licensed by the Department of~~  
19 ~~Consumer Affairs.~~



**BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 8, 2013**

**BILL ANALYSIS**

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<b>AUTHOR:</b>	DeSaulnier	<b>BILL NUMBER:</b>	SB 809
<b>SPONSOR:</b>	California Attorney General Kamala Harris	<b>BILL STATUS:</b>	Committee on Government and Finance
<b>SUBJECT:</b>	Controlled substances: reporting	<b>DATE LAST AMENDED:</b>	

**SUMMARY:**

The following paragraphs reflect the provisions most relevant to the Board of Registered Nursing:

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care.

Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

Existing law imposes various taxes, including taxes on the privilege of engaging in certain activities. The Fee Collection Procedures Law, the violation of which is a crime, provides procedures for the collection of certain fees and surcharges.

**ANALYSIS:**

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized to prescribe or dispense controlled substances, by up to 1.16%, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified.

This bill would require licensed health care practitioners, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care, and, upon the happening of specified events, to access and consult that information prior to prescribing or dispensing Schedule II, Schedule III, or Schedule IV controlled substances.

**BOARD POSITION:** Watch (4/10)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:**

**SUPPORT:**

California Attorney General Kamala Harris (Sponsor)  
California Narcotics Officers Association  
California Pharmacists Association  
California Police Chiefs Association  
California State Sheriffs' Association  
Center for Public Interest Law (CPIL)  
City and County of San Francisco  
Healthcare Distribution Management Association  
Troy and Alanna Pack Foundation  
University of California

Support If Amended:

California Medical Association (CMA)

**OPPOSE:**

Pharmaceutical Research and Manufacturers of America (PhRMA)

Note: This bill would declare that it is to take effect immediately as an urgency statute.

**Introduced by Senators DeSaulnier and Steinberg  
(Coauthors: Senators Hancock, Lieu, Pavley, and Price)**

(Coauthor: Assembly Member Blumenfield)

February 22, 2013

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An act to add Section 805.8 to the Business and Professions Code, to amend Sections 11165 and 11165.1 of the Health and Safety Code, and to add Part 21 (commencing with Section 42001) to Division 2 of the Revenue and Taxation Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 809, as introduced, DeSaulnier. Controlled substances: reporting.

(1) Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the

Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized to prescribe or dispense controlled substances, by up to 1.16%, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified. This bill would also require the California State Board of Pharmacy to increase the licensure, certification, and renewal fees charged to wholesalers, nonresident wholesalers, and veterinary food-animal drug retailers under their supervision by up to 1.16%, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified.

(2) Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care. Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

This bill would require licensed health care practitioners, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care, and, upon the happening of specified events, to access and consult that information prior to prescribing or dispensing Schedule II, Schedule III, or Schedule IV controlled substances.

(3) Existing law imposes various taxes, including taxes on the privilege of engaging in certain activities. The Fee Collection Procedures Law, the violation of which is a crime, provides procedures for the collection of certain fees and surcharges.

This bill would impose a tax upon qualified manufacturers, as defined, for the privilege of doing business in this state, as specified. This bill would also impose a tax upon specified insurers, as defined, for the privilege of doing business in this state, as specified. The tax would be administered by the State Board of Equalization and would be collected pursuant to the procedures set forth in the Fee Collection Procedures Law. The bill would require the board to deposit all taxes, penalties, and interest collected pursuant to these provisions in the CURES Fund,



as provided. Because this bill would expand application of the Fee Collection Procedures Law, the violation of which is a crime, it would impose a state-mandated local program.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

(5) This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all of the  
2 following:  
3 (a) The Controlled Substance Utilization Review and Evaluation  
4 System (CURES) is a valuable investigative, preventive, and  
5 educational tool for law enforcement, regulatory boards,  
6 educational researchers, and the health care community. Recent  
7 budget cuts to the Attorney General's Division of Law Enforcement  
8 have resulted in insufficient funding to support the CURES  
9 Prescription Drug Monitoring Program (PDMP). The PDMP is  
10 necessary to ensure health care professionals have the necessary  
11 data to make informed treatment decisions and to allow law  
12 enforcement to investigate diversion of prescription drugs. Without  
13 a dedicated funding source, the CURES PDMP is not sustainable.  
14 (b) Each year CURES responds to more than 60,000 requests  
15 from practitioners and pharmacists regarding all of the following:  
16 (1) Helping identify and deter drug abuse and diversion of  
17 prescription drugs through accurate and rapid tracking of Schedule  
18 II, Schedule III, and Schedule IV controlled substances.  
19 (2) Helping practitioners make better prescribing decisions.  
20 (3) Helping reduce misuse, abuse, and trafficking of those drugs.  
21 (c) Schedule II, Schedule III, and Schedule IV controlled  
22 substances have had deleterious effects on private and public  
23 interests, including the misuse, abuse, and trafficking in dangerous  
24 prescription medications resulting in injury and death. It is the  
25 intent of the Legislature to work with stakeholders to fully fund

1 the operation of CURES which seeks to mitigate those deleterious  
2 effects, and which has proven to be a cost-effective tool to help  
3 reduce the misuse, abuse, and trafficking of those drugs.

4 SEC. 2. Section 805.8 is added to the Business and Professions  
5 Code, to read:

6 805.8. (a) (1) The Medical Board of California, the Dental  
7 Board of California, the California State Board of Pharmacy, the  
8 Veterinary Medical Board, the Board of Registered Nursing, the  
9 Physician Assistant Committee of the Medical Board of California,  
10 the Osteopathic Medical Board of California, the State Board of  
11 Optometry, and the California Board of Podiatric Medicine shall  
12 increase the licensure, certification, and renewal fees charged to  
13 practitioners under their supervision who are authorized pursuant  
14 to Section 11150 of the Health and Safety Code to prescribe or  
15 dispense Schedule II, Schedule III, or Schedule IV controlled  
16 substances by up to 1.16 percent annually, but in no case shall the  
17 fee increase exceed the reasonable costs associated with  
18 maintaining CURES for the purpose of regulating prescribers and  
19 dispensers of controlled substances licensed or certificated by these  
20 boards.

21 (2) The California State Board of Pharmacy shall increase the  
22 licensure, certification, and renewal fees charged to wholesalers  
23 and nonresident wholesalers of dangerous drugs, licensed pursuant  
24 to Article 11 (commencing with Section 4160) of Chapter 9, by  
25 up to 1.16 percent annually, but in no case shall the fee increase  
26 exceed the reasonable costs associated with maintaining CURES  
27 for the purpose of regulating wholesalers and nonresident  
28 wholesalers of dangerous drugs licensed or certificated by that  
29 board.

30 (3) The California State Board of Pharmacy shall increase the  
31 licensure, certification, and renewal fees charged to veterinary  
32 food-animal drug retailers, licensed pursuant to Article 15  
33 (commencing with Section 4196) of Chapter 9, by up to 1.16  
34 percent annually, but in no case shall the fee increase exceed the  
35 reasonable costs associated with maintaining CURES for the  
36 purpose of regulating veterinary food-animal drug retailers licensed  
37 or certificated by that board.

38 (b) The funds collected pursuant to subdivision (a) shall be  
39 deposited in the CURES accounts, which are hereby created, within  
40 the Contingent Fund of the Medical Board of California, the State

Dentistry Fund, the Pharmacy Board Contingent Fund, the Veterinary Medical Board Contingent Fund, the Board of Registered Nursing Fund, the Osteopathic Medical Board of California Contingent Fund, the Optometry Fund, and the Board of Podiatric Medicine Fund. Moneys in the CURES accounts of each of those funds shall, upon appropriation by the Legislature, be available to the Department of Justice solely for maintaining CURES for the purposes of regulating prescribers and dispensers of controlled substances. All moneys received by the Department of Justice pursuant to this section shall be deposited in the CURES Fund described in Section 11165 of the Health and Safety Code.

SEC. 3. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds ~~from~~ *in the CURES accounts within* the Contingent Fund of the Medical Board of California, the Pharmacy Board Contingent Fund, the State Dentistry Fund, the Board of Registered Nursing Fund, ~~and~~ *the Osteopathic Medical Board of California Contingent Fund, the Veterinary Medical Board Contingent Fund, the Optometry Fund, the Board of Podiatric Medicine Fund, and the CURES Fund,* maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

(b) The reporting of Schedule III and Schedule IV controlled substance prescriptions to CURES shall be contingent upon the availability of adequate funds ~~from~~ *for* the Department of Justice ~~for the purpose of finding CURES~~. The department may seek and use grant funds to pay the costs incurred from the reporting of controlled substance prescriptions to CURES. ~~Funds~~ *The department shall make information about the amount and the source of all private grant funds it receives for support of CURES available to the public. Grant funds* shall not be appropriated from the Contingent Fund of the Medical Board of California, the

1 Pharmacy Board Contingent Fund, the State Dentistry Fund, the  
2 Board of Registered Nursing Fund, the Naturopathic Doctor's  
3 Fund, or the Osteopathic Medical Board of California Contingent  
4 Fund to pay the costs of reporting Schedule III and Schedule IV  
5 controlled substance prescriptions to CURES.

6 (c) CURES shall operate under existing provisions of law to  
7 safeguard the privacy and confidentiality of patients. Data obtained  
8 from CURES shall only be provided to appropriate state, local,  
9 and federal persons or public agencies for disciplinary, civil, or  
10 criminal purposes and to other agencies or entities, as determined  
11 by the Department of Justice, for the purpose of educating  
12 practitioners and others in lieu of disciplinary, civil, or criminal  
13 actions. Data may be provided to public or private entities, as  
14 approved by the Department of Justice, for educational, peer  
15 review, statistical, or research purposes, provided that patient  
16 information, including any information that may identify the  
17 patient, is not compromised. Further, data disclosed to any  
18 individual or ~~agency~~ *agency*, as described in this ~~subdivision~~  
19 *subdivision*, shall not be disclosed, sold, or transferred to any third  
20 party.

21 (d) For each prescription for a Schedule II, Schedule III, or  
22 Schedule IV controlled substance, as defined in the controlled  
23 substances schedules in federal law and regulations, specifically  
24 Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21  
25 of the Code of Federal Regulations, the dispensing pharmacy or  
26 clinic shall provide the following information to the Department  
27 of Justice on a weekly basis and in a format specified by the  
28 Department of Justice:

29 (1) Full name, address, and ~~the~~ telephone number of the ultimate  
30 user or research subject, or contact information as determined by  
31 the Secretary of the United States Department of Health and Human  
32 Services, and the gender, and date of birth of the ultimate user.

33 (2) The prescriber's category of licensure and license ~~number~~;  
34 ~~number~~, the federal controlled substance registration ~~number~~;  
35 ~~number~~, and the state medical license number of any prescriber  
36 using the federal controlled substance registration number of a  
37 government-exempt facility.

38 (3) Pharmacy prescription number, license number, and federal  
39 controlled substance registration number.

(4) ~~NDC (National Drug Code)~~ *National Drug Code (NDC)*  
number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) ~~ICD-9 (diagnosis code)~~, *International Statistical Classification of Diseases, 9th revision (ICD-9) Code*, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

(e) ~~This section shall become operative on January 1, 2005. The CURES Fund is hereby established within the State Treasury. The CURES Fund shall consist of all funds made available to the Department of Justice for the purpose of funding CURES. Money in the CURES Fund shall, upon appropriation by the Legislature, be available for allocation to the Department of Justice for the purpose of funding CURES.~~

SEC. 4. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) A licensed health care practitioner eligible to prescribe Schedule II, Schedule III, or Schedule IV controlled substances or a pharmacist ~~may~~ *shall* provide a notarized application developed by the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient maintained within the Department of Justice, ~~and~~ *and, upon approval*, the department ~~may~~ *shall* release to that practitioner or pharmacist, the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(A) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal Drug Enforcement Administration (DEA) registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the

1 possession or use of a controlled substance is an element of the  
2 crime.

3 (v) Any subscriber accessing information for any other reason  
4 than caring for his or her patients.

5 (B) Any authorized subscriber shall notify the Department of  
6 Justice within 10 days of any changes to the subscriber account.

7 (2) To allow sufficient time for licensed health care practitioners  
8 eligible to prescribe Schedule II, Schedule III, or Schedule IV  
9 controlled substances and a pharmacist to apply and receive access  
10 to PDMP, a written request may be made, until July 1, 2012, and  
11 the Department of Justice may release to that practitioner or  
12 pharmacist the history of controlled substances dispensed to an  
13 individual under his or her care based on data contained in CURES.

14 (b) Any request for, or release of, a controlled substance history  
15 pursuant to this section shall be made in accordance with guidelines  
16 developed by the Department of Justice.

17 (c) ~~In~~(1) *Until the Department of Justice has issued the*  
18 *notification described in paragraph (3), in order to prevent the*  
19 *inappropriate, improper, or illegal use of Schedule II, Schedule*  
20 *III, or Schedule IV controlled substances, the Department of Justice*  
21 *may initiate the referral of the history of controlled substances*  
22 *dispensed to an individual based on data contained in CURES to*  
23 *licensed health care practitioners, pharmacists, or both, providing*  
24 *care or services to the individual.*

25 (2) *Upon the Department of Justice issuing the notification*  
26 *described in paragraph (3) and approval of the application*  
27 *required pursuant to subdivision (a), licensed health care*  
28 *practitioners eligible to prescribe Schedule II, Schedule III, or*  
29 *Schedule IV controlled substances and pharmacists shall access*  
30 *and consult the electronic history of controlled substances*  
31 *dispensed to an individual under his or her care prior to*  
32 *prescribing or dispensing a Schedule II, Schedule III, or Schedule*  
33 *IV controlled substance.*

34 (3) *The Department of Justice shall notify licensed health care*  
35 *practitioners and pharmacists who have submitted the application*  
36 *required pursuant to subdivision (a) when the department*  
37 *determines that CURES is capable of accommodating the mandate*  
38 *contained in paragraph (2). The department shall provide a copy*  
39 *of the notification to the Secretary of the State, the Secretary of*  
40 *the Senate, the Chief Clerk of the Assembly, and the Legislative*

1 *Counsel, and shall post the notification on the department's*  
2 *Internet Web site.*

3 (d) The history of controlled substances dispensed to an  
4 individual based on data contained in CURES that is received by  
5 a practitioner or pharmacist from the Department of Justice  
6 pursuant to this section shall be considered medical information  
7 subject to the provisions of the Confidentiality of Medical  
8 Information Act contained in Part 2.6 (commencing with Section  
9 56) of Division 1 of the Civil Code.

10 (e) Information concerning a patient's controlled substance  
11 history provided to a prescriber or pharmacist pursuant to this  
12 section shall include prescriptions for controlled substances listed  
13 in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code  
14 of Federal Regulations.

15 SEC. 5. Part 21 (commencing with Section 42001) is added to  
16 Division 2 of the Revenue and Taxation Code, to read:

17  
18 PART 21. CONTROLLED SUBSTANCE UTILIZATION  
19 REVIEW AND EVALUATION SYSTEM (CURES) TAX LAW  
20

21 42001. For purposes of this part, the following definitions  
22 apply:

23 (a) "Controlled substance " means a drug, substance, or  
24 immediate precursor listed in any schedule in Section 11055,  
25 11056, or 11057 of the Health and Safety Code.

26 (b) "Insurer" means a health insurer licensed pursuant to Part  
27 2 (commencing with Section 10110) of Division 2 of the Insurance  
28 Code, a health care service plan licensed pursuant to the  
29 Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2  
30 (commencing with Section 1340) of Division 2 of the Health and  
31 Safety Code), and a workers' compensation insurer licensed  
32 pursuant to Part 3 (commencing with Section 11550) of Division  
33 2 of the Insurance Code.

34 (c) "Qualified manufacturer" means a manufacturer of a  
35 controlled substance doing business in this state, as defined in  
36 Section 23101, but does not mean a wholesaler or nonresident  
37 wholesaler of dangerous drugs, regulated pursuant to Article 11  
38 (commencing with Section 4160) of Chapter 9 of Division 2 of  
39 the Business and Professions Code, a veterinary food-animal drug  
40 retailer, regulated pursuant to Article 15 (commencing with Section

1 4196) of Chapter 9 of Division 2 of the Business and Professions  
2 Code, or an individual regulated by the Medical Board of  
3 California, the Dental Board of California, the California State  
4 Board of Pharmacy, the Veterinary Medical Board, the Board of  
5 Registered Nursing, the Physician Assistant Committee of the  
6 Medical Board of California, the Osteopathic Medical Board of  
7 California, the State Board of Optometry, or the California Board  
8 of Podiatric Medicine.

9 42003. (a) For the privilege of doing business in this state, an  
10 annual tax is hereby imposed on all qualified manufacturers in an  
11 amount of \_\_\_\_ dollars (\$\_\_\_\_), for the purpose of establishing  
12 and maintaining enforcement of the Controlled Substance  
13 Utilization Review and Evaluation System (CURES), established  
14 pursuant to Section 11165 of the Health and Safety Code.

15 (b) For the privilege of doing business in this state, a tax is  
16 hereby imposed on a one time basis on all insurers in an amount  
17 of \_\_\_\_ dollars (\$\_\_\_\_), for the purpose of upgrading CURES.

18 42005. Each qualified manufacturer and insurer shall prepare  
19 and file with the board a return, in the form prescribed by the board,  
20 containing information as the board deems necessary or appropriate  
21 for the proper administration of this part. The return shall be filed  
22 on or before the last day of the calendar month following the  
23 calendar quarter to which it relates, together with a remittance  
24 payable to the board for the amount of tax due for that period.

25 42007. The board shall administer and collect the tax imposed  
26 by this part pursuant to the Fee Collection Procedures Law (Part  
27 30 (commencing with Section 55001)). For purposes of this part,  
28 the references in the Fee Collection Procedures Law (Part 30  
29 (commencing with Section 55001)) to “fee” shall include the tax  
30 imposed by this part and references to “feepayer” shall include a  
31 person required to pay the tax imposed by this part.

32 42009. All taxes, interest, penalties, and other amounts  
33 collected pursuant to this part, less refunds and costs of  
34 administration, shall be deposited into the CURES Fund.

35 42011. The board shall prescribe, adopt, and enforce rules and  
36 regulations relating to the administration and enforcement of this  
37 part.

38 SEC. 6. No reimbursement is required by this act pursuant to  
39 Section 6 of Article XIII B of the California Constitution because  
40 the only costs that may be incurred by a local agency or school



1 district will be incurred because this act creates a new crime or  
2 infraction, eliminates a crime or infraction, or changes the penalty  
3 for a crime or infraction, within the meaning of Section 17556 of  
4 the Government Code, or changes the definition of a crime within  
5 the meaning of Section 6 of Article XIII B of the California  
6 Constitution.

7 SEC. 7. This act is an urgency statute necessary for the  
8 immediate preservation of the public peace, health, or safety within  
9 the meaning of Article IV of the Constitution and shall go into  
10 immediate effect. The facts constituting the necessity are:

11 In order to protect the public from the continuing threat of  
12 prescription drug abuse at the earliest possible time, it is necessary  
13 this act take effect immediately.